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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

December 12, 1969
National Library &
Archives Building,
Ottawa, Ontario.

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BEFORE:

Gerald LeDain, Chairman,
Ian Campbell, Member,
J. Peter Stein, Member,
H. E. Lehmann, M.D., Member,
James J. Moore, Executive Secretary,
Marie-Andree Bertrand, Member.

COUNSEL:

J. Bowlby, Q.C., Counsel for the Commission

RESEARCH:

Dr. Ralph Miller,
Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

December 12, 1969
National Library &
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--- Upon commencing at 9:05 A.M.

THE CHAIRMAN: Ladies and gentlemen,
I call this hearing of the Commission of Inquiry into
the non-medical use of drugs to order.

I should like first, to introduce
the members of the Commission, and our staff here, and
then to read the statement of the Commission's terms
of reference.

On my far right is Dean Campbell
of Montreal; on my immediate right, Dr. Heinz Lehmann
of Montreal; I am Gerald LeDain; on my left, Mr. James
Moore, Executive Secretary; on Mr. Moore's left, Prof-
essor Marie-André Bertrand of Montreal; and on Prof-
essor Bertrand's left, Mr. Peter Stein of Vancouver;
from left to right, Mr. John Bowlby, Q.C., our Counsel;
and Mrs. Vivian Luscombe, my secretary to the Commission,
and Mr. Charles Farmilo, Research Associate; Mr. Jack
McBeth.

The Commission of Inquiry into the
Non-Medical Use of Drugs was appointed by the federal
Government on the 29th of this year, on the recommend-
ation of the Hon. John Munro, Minister of National
Health and Welfare.

The Commission has an independent
status under Part 1 of the Inquiries Act.

The concern which gave rise to the appointment of the Commission is described in Order in Council P.C. 1969-1112, which authorized the appointment in the following words:

"...there is growing concern in Canada about the non-medical use of certain drugs and substances, particularly those having sedative, stimulant, tranquilizing or hallucinogenic properties, and the effect of such use on the individual and the social implications thereof.

Within recent years, there has developed also the practice of inhaling of the fumes of certain solvents having an hallucinogenic effect, and resulting in serious physical damage and a number of deaths, such solvents being found in certain household substances. Despite warnings and considerable publicity, this practice has developed among young people and can be said to be related to the use of drugs for other than medical purposes.

Certain of these drugs and substances including lysergic acid diethylamide, LSD, methamphetamines, commonly referred to as "Speed" and certain others, have been made the subject of controlling or prohibiting legislation under the Food and Drugs Act, and cannabis, marijuana, has been a substance, the possession of or trafficking in which has been prohibited under the Narcotic Control Act.

Notwithstanding these measures and the competent enforcement thereof by the R.C.M. Police and other enforcement bodies, the incidents of possession

1 and use of these substances for non-medical purposes,
2 has increased and the need for an investigation as to
3 the cause of such increasing use has become imperative."

4 In announcing the Commission's
5 appointment, the Minister of National Health and Welfare
6 spoke of the "grave concern felt by the government at
7 the expanding proportions of the use of drugs and related
8 substances for non-medical purposes."

9 The terms of reference is defining
10 the Commission's inquiry into the non-medical use of
11 psychotropic drugs and substances mention sedatives,
12 stimulants, tranquilizers and hallucinogens.

13 For the present, the Commission
14 understands "drug" to mean any substance which chemically
15 alters structure or function in the living organism, and
16 "psychotropic" drugs as those which alter sensation,
17 feeling, consciousness and psychological or behavioural
18 functions. The Commission has tentatively defined
19 "medical use" in terms of generally accepted medical
20 practice -- under medical supervision or not. All other
21 use is "non-medical use."

22 By itself, a prescription does not
23 distinguish medical from non-medical use. A non-
24 prescription drug like aspirin may be taken for medical
25 use. Or a prescription drug may be taken for generally
26 accepted medical reasons, then no longer required.

27 The Commission is invited by its
28 terms of reference to "marshal... the present fund of
29 knowledge concerning the non-medical use of sedative,
30 stimulant, tranquilizing, hallucinogenic and other

1 psychotropic drugs or substances."

2] But since an interim report is
3 expected within six months, and a final report within
4 two years, the Commission will have to be selective.

5]] It must consider what appear to be
6 the principal issues which led to its appointment.

7 The Commission has the initial
8 impression that its primary focus must be on the non-
9 medical use of drugs by the young and by adults as it
10 relates to or affects the use of drugs by youth.

11 The Commission has drawn up a
12 preliminary classification of psychoactive drugs, which
13 falls into the following eight categories: hypnotics-
14 sedatives; stimulants; psychedelic-hallucinogenics;
15 opiates-narcotics; volatile solvents and gases;
16 analgesics (non-narcotic painkillers); clinical anti-
17 depressants; and major tranquilizers.

18 The Commission sees its primary
19 emphasis on the following categories:

20 1. The psychedelic-hallucinogenic,
21 which includes cannabis (marijuana and hashish), LSD
22 and mescaline and the other "restricted drugs" placed
23 under the new schedule J of the Food and Drugs Act:
24 DMT, STP (DOM), and DET.

25 2. The stimulants, including such
26 amphetamines as benzadrine and methadrine -- generally
27 referred to as "speed".

28 3. The volatile solvents and gases
29 -- often referred to as "delirients", such as glue,
30 nailpolish remover, and paint thinner.

4. The sedative-hypnotics, such as the barbiturates (used as sleeping pills), the minor tranquilizers, and ethyl alcohol.

5. The opiate-narcotics, such as heroin.

Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics, such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive literature on the subject. The "hard drugs" are therefore to be examined in their possible relationship to the non-medical use of the "soft drugs."

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy in our legis-

1 lative and law enforcement attitudes. The second con-
2 tention is that the use of certain soft drugs like
3 cannabis (Marijuana) leads very often, if not generally,
4 to hard drug addiction.

5 What are the issues in this inquiry?
6 The Commission must investigate the extent of the non-
7 medical use of mood-modifying drugs in Canada. That
8 means the pattern of drug use; the drugs and various
9 groups or populations involved, according to age,
10 occupation, etc.; the movement from one drug to another.

11 The Commission must investigate
12 physical and psychological effects of these drugs,
13 effects on behaviour of the individual concerned, effects
14 on others, and effects on society. Finally, and by no
15 means least important, the Commission must investigate
16 the reasons for the non-medical use of drugs -- not only
17 the personal reasons or motivation, but the social,
18 educational, economic, philosophic and other reasons. In
19 other words, what is the meaning or larger significance
20 of this phenomenon? What is the true nature of the
21 challenge it presents to our civilization?

22 MONSIEUR GERALD LEDAIN, president:
23 Maintenant il y a des facilites pour la traduction ici,
24 et tout le monde peut s'exprimer dans sa propre langue.

25 Nous avons adopte cette methode d'en-
26 quete, c'est-'a-dire d'enquete publique, pour nous assu-
27 rer que nous aurons autant de varietes d'opinions sur cet-
28 te question que possible.

29 Donc nous encourageons tout le monde
30 a nous soumettre leurs opinions, leurs idees sur ce pro-

1 bleme.

2 Il n'est pas necessaire d'avoir une
3 soumission ecrite ou formelle pour se presenter au micro-
4 phone.

5 Ici nous ne voulons pas que personne
6 s'incrimine en public; evidemment si quelqu'un prefere
7 faire sa soumission privement pour rester anonyme, nous
8 serons content de l'entendre a la fin de notre audition
9 publique, a la fin par exemple de cette journee ou demain.

10 C'est-a-dire que dans notre enquete
11 publique, nos audiences publiques nous ne nous interes-
12 sons pas aux details d'experiences personnelles vecues,
13 educatives ou culturelles, ce que nous cherchons sur cet-
14 te question est la prespective d'experience generale et
15 les observations sur les methodes de controle que nous
16 employons actuellement.

17 Donc tout le monde devrait se sentir
18 libre de s'exprimer ici et denous aider, parce que nous
19 avons besoin de leur opinion.

20 Comme je vous l'ai dit nous avons be-
21 soin de l'opinion de tout le monde sur cette question, car
22 cette question n'est pas seulement une question pour les
23 techniciens, c'est-a-dire que ce n'est pas une question
24 reservee pour les experts.

25 c'est une question sociale sur laquel-
26 le chacun de nous, de vous, a une contribution importan-
27 te a faire.

28 Maintenant nous avons des soumissions
29 formelles a attendre, mais a la fin de chaque soumission
30 il y aura une periode pour les questions et pour les com-

mentaires, non seulement pour les membres de la Commission mais pour les gens, tout le monde ici.

THE CHAIRMAN: I now call on the Ottawa Roman Catholic Separate School Board, if they would please be seated. The representative, seated at the table here, Mr. John Thompson, Trustee.

MR. THOMPSON: Thank you.

Mr. Chairman, Members of the Commission, Ladies and gentlemen. The brief that I am about to submit is a very elementary form of brief. We, the Separate School Board, did feel we needed access to the technical information to various qualified people in various capacities.

I would like to give you a little bit of a background to this brief, which will probably indicate to you how we feel about this particular subject, and perhaps in some way, demonstrate what the major problem of this use of drugs, today, is.

I would refer to the hall in which we are now seated, and the vast number of interested people who have come down to see what is going to happen to one of the major problems of our particular time.

In the way this brief was presented I, as a member of the Ottawa Separate School Board in the capacity of a trustee, am vitally interested in anything that occurs to our children. And we received the letter for which we commend you, in which you asked various bodies, interested bodies, to submit briefs to you. It was presented to us on a Thursday, I think,

1 before the Commission ended its time for the submission
2 of briefs on the Saturday, so it gave me twenty-four
3 hours in which to present something, or refer it back
4 to the Board, so that it would have the authority of
5 the Board, and this didn't give me enough time to really
6 think out, or prepare it, in a documentary fashion, so
7 that the brief itself now, is merely a comment.

8 But I would like to say a few words
9 about the brief afterwards, if I may, and I will read
10 you the brief, which is very short, and it is by the
11 Trustees of the Ottawa Separate School Board. "Sirs:
12 For the purpose of this brief we will confine our
13 attention to the area of primary and early secondary
14 education,"and I would ask you to note particularly
15 this comment I make to you, "and whilst we have no
16 practical knowledge of the misuse of drugs within our
17 system it is in the area of communication which we feel
18 that your attention should be drawn.

19 The mass media has served a very
20 useful purpose in drawing to the attention of the public
21 the widespread misuse of drugs for non-medical purposes,
22 but this publicity has also served to acquaint the
23 prospective user with a knowledge which was not easily
24 available before.

25 We submit that the majority of drug
26 users enter into their first experience from a sense
27 of curiosity and that this curiosity is first aroused
28 through the medium of the Press, Television and Radio.

29 For example, the average Junior High
30 School student has not the chemical knowledge to link up

1 the solvents in Aeroplane Glue with its stimulative
2 effect upon the brain, and whilst isolated groups of
3 students may have stumbled upon this in their research,
4 the widespread use of this medium must be attributed to
5 the mass media for publicizing it.

6 We are now reaching a more dangerous
7 stage and we quote the instance of a recent television
8 production in which one of the "guests" explained how a
9 combination of various household items which are easily
10 available in most kitchen cupboards could be combined to
11 create a chemical reaction equivalent to some of the
12 commonly known narcotics.

1 All children have a natural inquisitiveness and the more
2 adventurous of them could be tempted to experiment with
3 some of the chemical formulae which the mass media has
4 explained in detail. We do not suggest that curbs be
5 imposed upon the freedom of the press, in italics, because
6 we believe that the mass media is sufficiently conscious
7 of its public responsibility to discipline itself, and it
8 is with ^{these} thoughts in mind that we recommend: That the
9 attention of the mass media be drawn to the danger in
10 giving too much technical detail in its reports, and that
11 all news editors be asked to impose their own censorship
12 upon the type of reporting of drug abuse which will be
13 shown, heard or written in the future." That, sir, is the
14 sum total of the brief which we are presenting to you.
15 I would refer you, but now, to the comment that I made
16 when I wrote the brief, in which I say: "Whilst we have
17 no practical knowledge of the misuse of drugs within our
18 system it is in the area of communication which we feel
19 that your attention should be drawn".

20 Now, I looked at that comment that I
21 had already written and wondered as a responsible person,
22 whether I was right in making this statement because, as
23 a member of the Board for five years, no basic problem
24 had been brought to my attention, and so, at a later date,
25 a week or so later, when I had the opportunity to question
26 our Guidance Department, and at a meeting of the Board
27 simply say, "Is there any problem in our system?", and
28 the Guidance Department answered me, "You have got to be
29 kidding!" Now, if I, as a responsible individual, who
30 is conscious of everything that occurs in our system, am

1 not aware that it is a problem in our system, and in our
2 educational systems, then there is, in one way, in the
3 first place, according to our brief, too much information,
4 in the other way, too little information, and I do main-
5 tain that, may I use the phrase, "the seal of the Con-
6 fessional" which the majority of psychologists, or psychi-
7 atrists, practise under, should be, in essence, spoken.

8 I am suggesting that all people dealing with this par-
9 ticular subject should now give more detail, more in-
10 formation to the public and to responsible bodies, but
11 not in a technical -- in technical detail. In other
12 words, I maintain that anybody that is dealing with this
13 subject should bring to the attention of all responsible
14 groups, an elementary knowledge of what is occurring.

15 I don't wish to know the personal details or the cases
16 because this is a private thing and I do think that
17 psychologists have -- or medical officers have to operate
18 in this particular function. But statistics -- the
19 increase of this in our system, or in any system, the
20 increase of it in the city of Ottawa, this should be
21 publicized and brought home to the public. Then I hear
22 terms like, one out of -- or 20% of the students in a
23 high school have at least experimented with this; this
24 means that the people here today, perhaps one out of
25 five of you, your children have already done it. I do
26 think that more information has got to be given in one
27 case, and in the other case, regarding the press, no
28 technical information should be given.

29 Now referring to that larger brief,
30 if I just make one little comment, because it seems

1 rather a terrible thing to attack the press for giving
2 the information when the press is actually responsible
3 for bringing it to everybody's attention. When they are
4 reporting a particular situation, they can report about
5 it generally, in the same way as I reported in my brief,
6 that certain household items were now being combined to
7 create stimulative effects. They could report it in this
8 particular fashion without saying that a combination of --
9 and what is the term that was used -- peanut butter and
10 mayonnaise liquified and injected into the veins will
11 manage to give the children a kick. This is the sort
12 of this we are objecting to, sir.

13 PROFESSOR BERTRAND: commissaire, Si
14 j'ai bien compris, vous dites que la connaissance élémen-
15 taire de ce qui se passe, des faits et des statistiques,
16 c'est-à-dire du nombre de jeunes qui sont intoxiqués par
17 la drogue...

18 MR. THOMPSON: No, I beg your pardon,
19 I do not understand French sufficiently.

20 THE CHAIRMAN: I think some of these
21 are available for everybody. Is it not working?

22 MR. THOMPSON: Will you try it again,
23 please?

24 PROFESSOR BERTRAND: All right.
25 Si je comprends bien, vous suggérez
26 que la Presse donne les faits concernant l'usage de la
27 drogue par les jeunes; c'est-à-dire, nous dise combien
28 il y a de jeunes qui prennent de la drogue et que par
29 exemple les conseillers en orientation, les psychologues
30 témoignent devant cette Commission de la dimension du

1 problème, vous vous objectez à ce que la Presse, le
2 cinéma et la télévision donnent des détails techniques
3 sur la façon de fabriquer les drogues.

4 Est-ce que j'ai bien compris votre
5 exposé ?

6 MR. THOMPSON: Yes, You understood
7 my expose in this little respect. I am referring to
8 technical information. I am objecting to the dissemination
9 of the means in which this can be achieved. And I am
10 asking, in the other way, that non-technical information
11 should be disseminated. Do you follow me in this par-
12 ticular respect?

13 PROFESSOR BERTRAND: Oui.

14 MR. THOMPSON: But I do not want a
15 demonstration on television of some person who has
16 managed to use a particular type of drug in some way --
17 may I be facetious and say that he gets soap powder and
18 liquifies it and holds his head back and pours it down
19 his nostril, that he will eventually go into a coma.
20 This is the type of thing that has been shown.

21 PROFESSOR BERTRAND: Bon, cependant,
22 est-ce qu'on ne peut pas songer aussi à donner la des-
23 cription technique de la façon dont certains jeunes,
24 que nous le voulions ou non, fabriquent des drogues,
25 mais ajouter à cette description technique les effets
26 qu'ils encourent, les effets qu'ils vont subir a la
27 suite de l'injection ou du fait qu'ils s'injectent des
28 drogues ? Par exemple, les enfants de trois ans, de
29 quatre ans, de cinq ans peuvent être gardés dans l'i-
30 gnorance du fait que s'ils allument une allumette

1 ils vont se brûler; ils peuvent être gardés dans
2 l'ignorance qu'une allumette brûle. Est-ce qu'il
3 n'est pas plus éducatif de leur dire que quand on
4 se brûle ça a tel effet ? En d'autres termes, même si
5 la presse, la radio et la télévision n'enseignent pas
6 aux jeunes comment on peut par exemple utiliser la
7 mayonnaise pour obtenir des effets hallucinatoires
8 les autres jeunes vont le leur dire. Ce n'est pas
9 un probleme de la presse, ce n'est pas un probleme
10 des mass media seulement...

11 MR. THOMPSON: I am afraid the question
12 you are posing for me is, that we are all on the horns
13 of a dilemma: If we do not produce the necessary in-
14 formation then we have a problem, we do not know what
15 our children are doing, so there is a point on both
16 sides, except that I do feel that the widespread use of
17 these common drugs, let me refer to airplane glue, would
18 not have spread across the country without the knowledge
19 being given to people that this -- through the mass
20 media, that this was one way in which it could be used.
21 I would refer to my own children, and I know perfectly
22 well that they would not start mixing mayonnaise and
23 peanut butter together. This is sort of a technical --
24 and it must be from somebody with chemical knowledge that
25 would eventually start this thing going, but I am afraid
26 that my children might be tempted to experiment with it
27 if this information is presented to them and they were
28 told just what would happen if it did occur. So, it is
29 on the horns of a dilemma that you are presently placed
30 as to whether you should allow the complete freedom of

1 the press in this particular respect. I remember in my
2 young days as a boy hearing of the opium users in the
3 far East. The general attitude that I had as a young
4 person was not, "Well, this should be a wonderful thing
5 to do." I looked at those people as being sick. I couldn't
6 understand why anybody could possibly sit in a smoke-
7 filled room and breath in these fumes, but today the
8 attitude seems to be completely different, and, in fact,
9 in the teaching of drug abuse, everybody seems to be
10 trying to say that marijuana is a perfectly normal and
11 a healthy thing. Both sides are presented, but this
12 particular side of the case is presented so that the
13 use of drugs instead of the attitude being, "Why do you
14 want to use them?"; the information that seems to be
15 coming through to me is that certain of them are all
16 right and because it is non-addictive. My own child who--
17 we have quite a good program of drug education in our
18 system -- my own boy, in grade nine, came home and said
19 to me, "Marijuana, Dad, is not addictive". So I said,
20 "I could not care a tuppence or hae-penny whether it is
21 or it isn't. Why would anybody want to use it?" But
22 this is a point he had not considered.

23 THE CHAIRMAN: Dr. Lehmann.

24 DR. LEHMANN: I wonder, Mr. Thompson,
25 whether you would recommend restriction of the press to
26 the point where they actually would not be allowed to
27 give such details as naming airplane glue, or nutmeg,
28 or whatever can produce a high. If this would be done,
29 of course, it would be a considerable restriction of
30 civil liberties and one should probably then also go

1 much further. For instance, I can remember reading --
2 and I'm sure children too, about many tricks of shop-
3 lifting and so on, and how this can be done, and how one
4 can get away with it -- how one can get away with murder,
5 the perfect crime and so on, and these sort of stories.
6 Now, it's quite conceivable, almost certain, that some
7 unstable youngsters and adults, by these descriptions in
8 the literature and in the press, are induced to commit
9 just these crimes. Now, would you go so far as to say
10 that any of this, any technical description of anything
11 that might be adduced should not be allowed and should be
12 prohibited in the press?

13 MR. THOMPSON: No, I have a great
14 respect for the press and its purpose and the need for its
15 freedom, but I cannot attribute the widespread use of
16 some of these common drugs to anything else other than
17 the advertising, the advertising factor that has been
18 made through this particular medium. And whilst I don't
19 suggest for one moment that the press should be inhibited
20 in its reporting of drug abuse, it is only in the area
21 of the technical information that I object to. But the
22 damage has already been done, the damage has been done.
23 The information has been spread and a lot of the commonly
24 known -- whatever the term you would use for airplane
25 glue or mayonnaise or marijuana, or things of this nature,
26 the damage has already been done in this. We are now
27 entering into another phase of experimentation and the
28 press should have the freedom to report the fact that
29 common household items are now being used in order to
30 allow the parent to safeguard his own children by watching

1 the use of these particular items, but not to spell out
2 in detail how these items could be used. If strawberry
3 jam and pepper would do this sort of thing, they simply
4 say, "Common items from the household". This is the area
5 that I feel is most important and it is not -- your
6 parallel is not really valid because we are dealing with
7 too large a population, when you are dealing with the
8 vast number of children that are experimenting and play-
9 ing with these drugs; we are not dealing with the odd
10 case of some fellow who would imitate some murder and
11 attempt something of that nature.

12 DR. LEHMANN: Perhaps it should be
13 stressed or clarified that these items such as peanut
14 butter and mayonnaise injected into the vein has no
15 medical effect that will give a high, it is mostly a
16 psychological one, and literally any item will produce
17 it if -- now, that is as far as one can go. I would
18 agree with you that any responsible mass medium that
19 mentions these things should always add that this is a
20 very dangerous and sometimes rather grotesque applica-
21 tion, that there is no particular merit in peanut butter
22 or any of these items any more than in others. It isn't
23 really informing the children of any particular technical
24 item, it is simply -- it simply points out that anything
25 may be used and perhaps they don't always, in the press
26 as they should advise, that such use may be dangerous
27 and for that matter, not rational, because there is
28 nothing specific about mayonnaise and so on.

29 MR. THOMPSON: Well, do you consider
30 sir, that the widespread use of airplane glue -- the

1 information that is being disseminated by word of mouth
2 from one place to another, because I, as a member of a
3 service club in Kiwanis, am vitally interested in all
4 that concerns our community. I do remember twenty years
5 ago, receiving directions from our international office
6 for the formation of a committee on drug abuse, and we
7 just sort of laughed when -- "this sort of thing comes up
8 here in Canada -- this is ridiculous. It is those
9 schools down in the United States that are bothering with
10 these sort of things". So we did not have a committee
11 formed on it. We asked the police, "Is there any problem?"
12 They said, "No, sir, there is no problem". So we don't
13 do anything about it. Yet this information has spread
14 up into the country and is through the country now. Now,
15 can you put down abuse of airplane glue to anything else
16 but the mass media? I haven't seen any advertisements,
17 I haven't seen any leaflets, I haven't seen any whispering
18 campaign between students, in exchange students coming
19 from the States, or from one city to another, bringing
20 this information. The general reaction of the average
21 person when he gets some peculiar effects from fumes
22 is that you leave it alone rather than you take it on.
23 The man who is painting his house and suddenly finds he
24 gets a headache, suddenly realizes that the fumes in this
25 particular thing are not good for him and he goes out
26 and gets somebody else to paint the house in future or will
27 get another type of paint, and this would be the atti-
28 tude of the average child if he was using airplane glue,
29 so how else, other than the mass media, has this in-
30 formation been disseminated so that the child knows, that

1 he puts a bag over his head and pours in glue or some-
2 thing or other and restricts his breathing so that he
3 will have this particular effect.

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1 DR. LEHMANN: Much is going on by
2 word of mouth, and another very important factor, would
3 be the different attitude of youngsters today. They are
4 tuned in on "getting high" regardless of how this is
5 being achieved, and if they noticed the peculiar effect
6 of getting a little dizzy, as you said, perhaps a few
7 years ago, they would have walked out of the room. Now,
8 if any youngster notices that something makes him
9 peculiar, he is going to walk into it more, because he
10 wants to explore it, because the general attitude, is
11 an emotional climate -- or attitude, rather,
12 towards getting high. Now, not with the older person;
13 and here is another peculiar phenomenon that you mention,
14 that there isn't enough information about the extent of
15 drug abuse. I would very much question this, in fact,
16 I have again, and again had to express my pessimism
17 when parents and school boards and so on would call me,
18 or any others, and ask "Would you please talk to our
19 people about drug abuse?"

20 But the papers are full of excellent
21 articles, any magazine, anything you open nowadays, any
22 publication, is full of excellent, up to date information,
23 and they haven't read it. They don't know it. Not the
24 school officials, not the parents. It is as though they
25 somehow have closed it out of their mind, although it
26 is there, it is all over the place. So it is perhaps
27 more tuning in, or tuning out of attention, than the
28 actual availability of information.

29 MR. THOMPSON: To a degree, yes sir.
30 In other words. I suppose this Commission is formed

1 basically because of the widespread information to make
2 people aware of it.

3 I do submit, though, that there is
4 this reluctance on the part of various organizations.
5 For example, I, as a member of a school board, am
6 embarrassed to admit that there would be drug abuse in
7 our system. The parent is embarrassed to admit that his
8 child has been experimenting with it, and this is the --
9 this is a major problem.

10 But the information that I am asking
11 from the medical profession, from the Guidance Depart-
12 ment -- may I draw a parallel for you, sir? That I as
13 a Trustee am responsible for the dissemination of monies
14 -- the judicial use of these monies, for the betterment
15 of our educational system. I may receive a request
16 from our Guidance Department, that they would like
17 another five people. They feel that another five people
18 are necessary. I would perhaps prefer to have another
19 five people in the Art Department, so I turn down their
20 request, but if I had previously received information
21 from them that roughly a thousand children, or five
22 hundred, or two hundred and fifty children were
23 experimenting with these drugs and the five more people
24 working amongst our subjects would help to give those
25 children some help where it was needed, then I would
26 allocate those monies and see that more guidance people
27 were in our system.

28 You see, and because I don't have
29 this information, I don't do it, so this is a little --
30 practical illustration of how a greater use of this

1 information from the technical people, from a point of
2 statistics, could be extremely useful.

3 MR. CAMPBELL: You mentioned in
4 your statement that you have an excellent drug education
5 program in your schools. Could you tell us something
6 about the purposes of that program, and features of it
7 that give it this excellence?

8 MR. THOMPSON: It is the approach
9 of the people that are presenting it. We have, first
10 of all, a series of films and we have guidance personnel
11 who will speak to the student on this particular problem.

12 I do not have the full technical
13 information on exactly how the program goes, other than
14 the fact that the children would be acquainted with the
15 drugs that are presently there. In other words, as I
16 had maintained in the first place, the damage has been
17 done. The information on the drugs has been presented.
18 The children are -- I am sorry to use the term -- but
19 the students, the students are fully conversant with
20 the effects of various drugs of the moment, so the
21 guidance people would attempt to illustrate the effects
22 of these particular drugs, and the destructive effects
23 that they would have upon a student who was using them.

24 MR. CAMPBELL: Are you concerned
25 with drug use to the extent, in terms, to include
26 alcohol?

27 MR. THOMPSON: Yes. I took this
28 particular factor into consideration. Alcohol has some
29 side effects which are advantageous. I know that one
30 or two of them are not quite the same, and we

might combat this, but this is something that is almost easily discernable.

The odour from anybody that has been drinking, the smell of the alcohol, this is a sort of thing worried parents would recognize the symptoms very easily, and I think this is the way of combating this particular factor that I, as a parent, would not know whether my child had been using drugs, but would have a good idea if the child had been using alcohol.

Now, maybe I am defeating my own purpose by saying this, because maybe if I used them I would know something about it. I was very pleased to go into our schools a few days ago, and was checking with the principal, and he said, "I am fully conversant with drug abuse. In this particular school, I found no problem at all, but I am constantly checking on it, because I have operated in a school two years ago, where this was a major problem, so I recognize all the symptoms. I recognize all the material that is used in drug abuse and I keep my eyes well open for it."

THE CHAIRMAN: Are there questions
or comments?

Mr. Thompson, how do you think the Commission can make effective contact with drug use in the High Schools with High School students?

How would you propose to go about finding out just what the situation is in your schools?

MR. THOMPSON: I have found out what the situation is in our schools by contacting our Guidance Department.

1 I had a meeting with them last
2 Friday, and I asked for information, and the ones that
3 didn't submit personal information did submit statistical
4 information, which was most useful to me.

5 As you can appreciate, it is only
6 the cases which would be of major importance that they
7 would be conversant with. But based upon this, they sort
8 of gave me an observation that generally in high schools
9 roughly twenty percent of the students have, at some
10 time, in one way or another, have experimented with drugs.
11 We have seen this information come from other schools,
12 where surveys have been made, and I found this higher,
13 twenty-five percent I think was quoted in this particular
14 case.

15 I have seen the odd report of
16 a major incident, and I think it was reported in the
17 papers, where some child lost his life. I think twelve
18 or eighteen months ago, because of using airplane glue,
19 and I concluded, or assumed, that this is the only
20 particular case, but it is obviously not. There are
21 more cases. And it is within the area of the guidance
22 counselling where your Commission should be dealing with.

23 If you want information of this
24 nature, I think it would be an excellent thing to have
25 all guidance personnel from all our school systems,
26 because it is in the students, that your major problem
27 is. I think when adults start using drugs, then it is
28 an entirely different category, but it is in the area
29 of the schools, and obviously, guidance people are the
30 personnel who would be best qualified to speak to you.

1 far more qualified than I am, to present a case to you,
2 so perhaps a special meeting, or which audience personnel
3 from all school systems, be brought down, and get them
4 to talk to you.

5 [REDACTED] my views
6 as to adult abuse? Abu [REDACTED]

7 MR. THOMPSON: No, I am sorry, if
8 you talk about alcohol, then I consider that I am guilty
9 as well.

10 [REDACTED]
11 [REDACTED]
12 depends what you call abuse. I do enjoy a lot of
13 scotch. I am sorry, I have no knowledge of any adult
14 use. I have never [REDACTED] There
15 seems to be an association between it with intellectual
16 or the artistic type, who seem to be of this type of
17 thing, and the other type [REDACTED], and I am
18 neither highly intellectual, nor [REDACTED] and the
19 circle of my friends [REDACTED], so I don't
20 meet with ---

21 [REDACTED]
22 information that has been [REDACTED] with
23 some regularity, has been [REDACTED] adults
24 are using an excessive amount of [REDACTED] of drugs,
25 which they prefer [REDACTED]
26 tranquilizers, [REDACTED], or speed,
27 "pep pills" [REDACTED] because
28 your concern [REDACTED]
29 by way of [REDACTED]
30 most of [REDACTED] very

1 much aware of the fact that one has to not only look at
2 the question of drugs that are being used by young people,
3 to understand this phenomenon, but to take a very hard
4 look at the whole phenomenon of use, and abuse, of all
5 kinds of drugs, especially the pop pills, by the adult
6 person of the community

7 MR. THOMPSON: I have my own personal
8 views on that. There is -- I consider it is a misuse of
9 drugs to use any of the -- and I am not technical enough
10 to even know the sedative, or what type of approach you
11 get, but if the person has -- would be something with
12 a headache and takes a form of drug to cure the headache,
13 they are a nut, because there should be no need for it.

14 In other words, they are not attacking
15 the problem, they are just soothing it. There must be
16 some reason why a person has a headache every day, and
17 there should be no need for them to have it, they should
18 find out from a doctor why they have this type of
19 approach.

20 I am just going to mention some and
21 more people are using sleeping pills and things of this
22 nature, and it is a phenomenon of our times. I think
23 probably if they did a bit more hard work, or did a
24 bit of running, or something like that, they would sleep
25 better without these pills. That is one of the things.
26 I agree with you that perhaps the role of the parent
27 using this type of thing is a big one, the child itself
28 would live for its own sake, and it is the only way
29 I could see it, I am not sure of any kind of any
30 gross misuse of the drug problem.

1 medical use.

2 THE CHAIRMAN: Gentleman at the
3 microphone?

4 THE MEMBER: I have a question.
5 I would like to know who makes these movies, and informa-
6 tion things on your drug program in your school
7 is it
8 to stand up and say "No" or to stand up and say
9 "Why", and also contact

10 Now, when I was in High School, the
11 films that the
12 or they are sort of -- these are the ones where
13 somebody just stands up and says "This is no good, it is
14 just rotten" but it seems to me that you'd say, "Why?"
15 instead of saying, "No" because the kid is said "No"
16 I mean that doesn't tell

17 MR. TROTT: This is an
18 educational problem, and I am not an educationalist in
19 this particular respect. There are meetings being held
20 on this subject that would cover the form of
21 guidance, there are meetings where information
22 has been disseminated. I think that some of the things that come
23 generally from a number of sources. A lot of this
24 would develop an attitude that is being put
25 over.

26
27 qualified.
28 own particular way.
29 in the same way that the child would be
30 taught, and

1 and the particular area, or location, in which they
2 lived.

3 But on the subject itself which you
4 suggested, something about Huey Long, I had a pleasure
5 even in Kiwanis, and here is a lot of service clubs
6 in any kind of public gathering, where information can
7 be disseminated, and I find
8 unfortunately, I didn't make a note of the thing, because
9 I intended to go back and get that information too, which
10 I will do, and this simply presented both sides of the
11 case, and presented it in a way which would be acceptable
12 to a lot of children.

13 A Mr. Prouse, he is with the
14 Department of National Health, you may be familiar with
15 the person I am speaking of, and then presented this
16 to us, and then presented this

17 This is a film which is going to
18 students who were smoking marijuana, and they were
19 hauled away to the taxi -- or to the police car; they
20 each made various statements, and then said, "If you can
21 drink alcohol, I can smoke marijuana." And then later
22 about freedom and things of this nature; and then later
23 on in the film, is presented the other side of the case.

24 This is the first attempt in any way to
25 way, and I think it is really a good one for the child who
26 wants to make up his mind about the consequences of
27 thing. But it is a good one for the child who
28 between marijuana and alcohol, and then later too
29 much alcohol, you can smoke marijuana, and then later
30 you don't

THE PUBLIC: But most of the kids know these things. The problem with school now is that you can't stop it now, it has gone on -- more and more kids are smoking it.

Your statistics, they are statistics that will be larger in a year or so when you speak about pot or hash, and the thing is, to be it seems that you just said that alcohol and marijuana, these are things -- I mean you call them children, you have referred to them as children a few times, rather than teenagers.

Now the government at the present is supposed to be lowering the voting age to twenty, now a lot of these are not children, they are teenagers if they are going to vote at eighteen. The thing is, on the comparison of alcohol to marijuana, the thing is, if you have a drink of scotch, and you like scotch, and it gives you a pleasing taste and maybe makes you feel good when you come home, somebody else might like to use hash and light up a joint, and sit down and relax the same way.

Now can you sit up on a stage and truly say that's no good and this is good?

MR. THOMPSON: No I can't. I can just present them in the way that I see them, and the way that I see it, now speaking as a parent, I would prefer, I would prefer that my children didn't

THE PUBLIC: Don't which?

MR. THOMPSON: I don't use some of the narcotics, didn't smoke marijuana, or they didn't make any injections into their veins and various other things.

1 THE PUBLIC: So you are saying,
2 what is good for the goose, is not good for the gander?

3 MR. THOMPSON: Maybe I am completely
4 wrong on this, I am not a technical expert on the use
5 of these drugs, alcohol is something that has been with
6 us for a particularly long time. I can indicate that
7 -- (inaudible) -- this is something that we are fully
8 conversant with, we have grown up with it. In these
9 other areas I think it is -- I don't know, it is a
10 problem for somebody smarter than me to solve.

11 I see the terrible tragedy of the
12 youth of some of these things, at least that was brought
13 to my attention, that one does not use the other. It is
14 almost like drawing a comparison between a guy having a
15 bottle of beer, and having no major effect on him, and
16 then the bottle of beer isn't quite sufficient, so he
17 goes into scotch, and then he goes to such a state that
18 he becomes stupid.

19 The same comparison I would draw
20 to marijuana, without -- and I understand this, when
21 the psychologist said the use of aeroplane glue is
22 -- (inaudible) -- children use things like marijuana --
23 I'm sorry, I'm using the word children again -- young
24 people use things like marijuana to start with, and
25 the marijuana then becomes like a point of entry, and
26 they go from there into things that are far more dangerous,
27 and it is this movement into this particular direction
28 that I am concerned with.

29 THE PUBLIC: Don't you feel that it
30 is more -- I think you have to get off the technical

1 thing, and start talking about "why." I mean, tech-
2 nically we know that if you smoke pot, you will get
3 high, and if you drink, you get high. But why?

4 MR. THOMPSON: Why do they smoke it?

5 THE PUBLIC: Why do they smoke it?

6 Now, the kids will go and see a film--they are truly
7 interested, then they see something wrong as well as
8 right. I think they have to make up their minds, but
9 when they see this man get up on the stage from any sort
10 of organization like the Lion's Club, or any of those
11 things -- I am not putting the Lions down -- but they
12 will make a speech, and don't touch, and don't touch
13 and then they will go to the convention, and the kid
14 happens to go past the hotel, and they are just drunk
15 out of their minds.

16 MR. THOMPSON: I quite agree, but
17 please don't trust me as being an expert in any particular
18 form. I am merely expressing the views that I feel, and
19 I think that if we all express the views that we feel,
20 regardless of whether they are sound, or they are stupid,
21 we would all get somewhere in the end.

22 The main problem with drug abuse
23 at this moment, is that the majority are sticking their
24 head in the sand, and hoping it will go away. It will
25 get worse and worse.

26 THE PUBLIC: I am not trying to
27 put you on the spot. I am only trying to open the
28 questions either way. I am not on the panel, as
29 well.

30 MR. THOMPSON: Finally, that

1 it is a problem that comes, I don't know, it is hard
2 to define what you mean by abuse. I mean some people
3 are using it and don't abuse it. The same people do
4 drink and abuse it, and in a way you have two minds just
5 right now.

6 MR. THOMPSON: Your comparison is
7 good.

8 THE PUBLIC: Yes, but we have not
9 controlled the monster yet. We had the alcohol problem,
10 and we will not control the other one, until we have a
11 proper control for this one.

12 MR. THOMPSON: If I might draw the
13 same parallel with alcohol, we have laws which prevent
14 the use of alcohol by people who -- when a man becomes
15 an addict, if he wants to cut his own throat, I guess
16 we can't stop him in any way. But this drug use is going
17 into elementary schools. It is a policy maker who doesn't
18 have the intelligence to understand what he is doing.
19 This is the area of major concern, for most of us, say
20 me, and I do feel that in some sort of way, some sort of
21 law, or some sort of legislation, or some type of
22 education, should be done, which would prevent the access
23 of this material to students who are not responsible.

24 When you get to University level, if
25 you want to do this, this is your look out.

26 MR. STEIN: Is it your impression
27 that the law, as it stands now, on alcohol, is in any
28 way an effective deterrent to some people -- for people
29 under twenty-one, using alcohol?

30 MR. THOMPSON: No, I know it isn't

1 It is an effective way of preventing, not people under
2 twenty-one, but it is an effective way of preventing a
3 child of eight or nine or ten from using it.

4 You see, if you come into the area
5 of the teenager, I agree with you it is not an effective
6 way of preventing this sort of thing, but when we are
7 talking about drug abuse, we are talking about glue
8 sniffing, we are talking about eight years of age, and
9 our present law does prevent in some way, the use of
10 alcohol in students of that age. It doesn't prevent it
11 in all ways when you become the teenager.

12 THE CHAIRMAN: Gentleman at the
13 microphone.

14 THE PUBLIC: Yes, I would like to
15 make an exception to your brief, and I would like to
16 submit, and ask you if you agree with what neither you,
17 nor your fellow trustees, nor the principal that you
18 referred to before, nor your guidance teacher, nor
19 teachers, or parents, were in any way qualified to make
20 a brief about the -- your school board, and someone that
21 should have made the brief was some fourteen year old
22 kid from your school that knows about drug abuse. And
23 I ask you if you agree with that.

24 MR. THOMPSON: No, I don't agree
25 with it; I take exception to your exception to my
26 exception, in this particular respect.

27 I am a parent, I am responsible
28 for my own children, in the same way I, virtue of
29 my office, I am responsible for other children. I
30 strongly object to information coming into my home,

1 in other words, in watching a television program to see
2 this sort of thing, coming out, spelled out in detail,
3 through the medium of television with my own children
4 watching it.

5 I, as a parent, object to this. Now
6 I am the type of parent, that if my children have no
7 objection to my objection, I don't take much notice of
8 it, I have a responsibility to them, and I as a parent,
9 object to this. And it is because my position as a
10 trustee, is magnified by so many times, as a parent,
11 that I feel qualified to speak on this particular
12 subject, but as I say, I am expressing my views to a
13 group of my colleagues, and I don't profess to be God
14 in any particular form. I only ask His guidance.

15 THE PUBLIC: That is fine, because
16 I don't have any official position at all, but I think
17 I have far more contact with younger people through
18 dances and what not, and I find that I take objection
19 to almost your entire brief, so I am just wondering --
20 I didn't think it had very much -- it didn't have any
21 meaning at all, I don't think.

22 MR. THOMPSON: It didn't have any
23 meaning?

24 THE PUBLIC: No, it didn't.

25 MR. THOMPSON: I suppose you have
26 submitted a brief?

27 THE PUBLIC: No, I haven't.

28 MR. THOMPSON: Well I would like to
29 read your a brief, and commend it to them. In other
30 words, I, on two days' notice, have submitted a brief

1 and whether I am right, or whether I am wrong, it is up
2 to the public to decide, or the Commission to see,
3 whether there is any point in what I said, but these
4 are my views and I express them; you also should express
5 your views, and I would like to sit in judgment on you
6 in this particular respect

7 THE CHAIRMAN: Excuse me, Mr.
8 Thompson, I just want -- I don't want to be defensive
9 about this, but I have been questioned that we sent a
10 letter to you on September 5th and we have had your
11 brief in two weeks.

12 MR. THOMPSON: You had the brief
13 in two weeks?

14 THE CHAIRMAN: I think so.

15 MR. THOMPSON: But the deadline was
16 --

17 THE CHAIRMAN: Oh, you mean November
18 5th.

19 MR. THOMPSON: Yes, you were
20 accepting briefs, and I think it was the Thursday --

21 THE CHAIRMAN: I thought we sent
22 out a letter to you.

23 Yes, the lady on the microphone --
24 would you come to the microphone?

25 THE PUBLIC: (French) Page 31

26 MR. THOMPSON: I'm awfully sorry,
27 I tried to attract your eye; I did not get the simul-
28 taneous translation

29 THE PUBLIC: My point is the press,
30 why they insist so much on educating so much the public,

UNE VOIX FEMININE DANS LA SALLE :

Vous ne semblez pas réaliser que les étudiants connais-
sent pour la plupart l'usage de ces médicaments, de
ces drogues-là. La raison pour laquelle la presse
insiste tellement à donner des déclarations quelconques
concernant l'usage de la drogue, ce n'est pas nécessai-
rement pour les étudiants, pour les jeunes; c'est
surtout pour les adultes, les personnes qui sont dans
la trentaine et plus, ce sont ces personnes qui veulent
connaître les drogues, qu'est-ce qu'elles font. Puis
vous dites que c'est votre guidance teacher qui devrait
s'occuper dans vos écoles d'éduquer les jeunes, mais
ce sont les parents qui devraient les éduquer leurs en-
fants. Les parents ne réalisent pas du tout ce qui
peut se passer ou bien s'ils voient ce qui se passe,
ils l'ignorent, ils ne disent rien. Dans les hôpitaux,
il nous arrive des jeunes de mort, des gens qui sont
vraiment partis, finis, sont vraiment ruinés.

Je ne sais pas si vous comprenez
ce que je dis ?

1 it is not so much educating the students, because they
2 know. You would be surprised how much they know. They
3 know much, much more than we do. I am quite surprised
4 that my eighteen year old brother knows more than I do.
5 and I am in a psychiatric school, a nurse, and they know
6 more than I do.

7 Now the reason they are trying to
8 educate the people, the society is for the people over
9 thirty, forty, adults. The people who are leading the
10 society, they want to educate them. They are saying
11 they want the guidance teacher to take care of this
12 situation. It is not up to the guidance teacher, it is
13 up to the parents, to society itself.

14 The children are brought into the
15 society, why are they taking drugs, there must be a
16 reason, why? And the reason probably is due to society.
17 It is too bad to say this does, you know, that the
18 society is lacking something definitely, because these
19 children are taking drugs at nine years old, we get an
20 emergency, you know, kids eight, nine, ten, gone -
21 completely gone - and we have to admit they are ruined
22 because you know, intellectually their brain is
23 completely finished. It is too bad, and nobody knows
24 about it, nobody faces the fact about it -- it is not
25 because they don't care, it is because everybody closes
26 their eyes to it, because they don't want to face it,
27 because they say it is our fault.

28 How come children so young are doing
29 this, and you know, when you don't want to face some-
30 thing, you just pretend you don't know anything about it.

1 so that is why you have to be educated about it

2 Children know more than we do,

3 really, I was amazed when my brother started telling me

4 about this drug, every effect it has, the good the bad,

5 they know more than the law about it, when they can

6 have it in their possession, and the police are saying

7 we can't do anything about it. They know so much. We

8 are so ignorant, and we are the ones who are supposed to

9 know about it, because we are the ones who are supposed

10 to lead them because they need guidance

11 In this new society, the student is

12 supposed to guide itself, itself, only the student. It

13 is too bad, but they should, O.K., have certain respons-

14 ibility as a student, but they need so much guidance,

15 and it is the people who need so much education, because

16 they need to teach us, so that we can guide these young

17 generation.

18 I'm not that old you know, but I

19 am worried about my children already. What are they

20 going to be in, in about ten years, what are my children

21 going to be like, if when nine year old -- like my

22 brother, I worry about it, I really do

23 And just talking about this thing,

24 where the drug and alcoholism. When you get as many in

25 psychiatry, alcoholics as you get drug addicted people.

26

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28

29

30

1 You get both of them. Well, the alcoholism -- the
2 alcoholics are not -- range from -- they will range from
3 forty and so on, so the generation before, but that was
4 their problem. And if you abuse alcohol you become an
5 alcoholic. Now, these drugs, maybe they have a point
6 here, maybe if they take the scotch like you or I, they
7 will take this drug, but as long as they don't abuse it,
8 it will be all right, but to know about it, to not abuse
9 it, they will have to be educated and they won't be
10 educated, like, each other, because they talk too much
11 together, but it is us that have to be educated and so
12 we will have to know a lot about it so we should be
13 educated about drugs.

14 MR. THOMPSON: Well, you raise a
15 question about the social ills or the need for a student
16 to use drugs. I agree with you that maybe lots of
17 parents, maybe we are responsible in a way in the demands
18 we are placing on our children. Maybe a competitive age
19 of the acquiring of a degree and things like this, which
20 sometimes are beyond the child's capabilities and the
21 child -- the student, I beg your pardon, is pushed to
22 the limits of his endurance and then turns to something
23 of this nature for help. In the area generally of drug
24 abuse, by psychologists or psychiatrists, it is generally
25 accepted that there is a factor of home environment
26 which very often has a bearing on the student using these
27 sort of things, but I still maintain that it is wide-
28 spread not by word of mouth, but by the publicity that
29 has been given to it beforehand. I don't think the same
30 ills, perhaps, would have occurred in every community at

1 the same time in the same way without the instant com-
2 munication which is readily available now.

3 Now, you say it is up to the parents
4 to do the education, educating. I quite agree, and this
5 is why I say we are on the horns of a dilemma, because
6 if the younger brother now understands the use of all
7 these drugs, then the parents should also do so, and the
8 parents are not attending school, they don't get this
9 information, and the only way they are going to get it
10 is through the mass media.

11 THE CHAIRMAN: (French)
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1 PAR LE PRESIDENT : Madame ou
2 Mademoiselle ?

3 UNE VOIX FEMININE DANS LA SALLE :
4 Mademoiselle.

5 PAR LE PRESIDENT : A votre avis,
6 quelles sont les raisons pour l'usage de la drogue par
7 la jeunesse ? Vous avez fait allusion à des problèmes ?

8 UNE VOIX FEMININE DANS LA SALLE :
9 Pour répondre à une telle question, monsieur, il fau-
10 drait commencer à analyser toute la situation de notre
11 ère; c'est très très compliqué, la vitesse... Pourquoi
12 est-ce qu'on a tellement de gens qui sont toujours
13 après prendre des tranquillisants ? Je suis certaine
14 que peut-être un quart des personnes de cette salle sont
15 sur des tranquillisants, des tranquillisants mineurs mais
16 enfin... C'est une habitude vous savez, c'est une habi-
17 tude comme l'alcool, c'est le "social drinking" comme
18 on appelle; ces choses-là c'est notre mentalité de la
19 société; il faudrait tout refaire une autre société,
20 ce qui est impossible, c'est une utopie enfin... pour
21 faire face à ce qui arrive, que voulez-vous, il faut y
22 faire face, on ne peut pas rien y changer, on peut aider
23 la chose, essayer d'arranger ça de façon à ce que ça
24 ne devienne pas pire, mais changer la société... enfin,
25 monsieur...

26 PAR LE PRESIDENT : On nous dit sou-
27 vent que les jeunes sont très déprimés et on a parlé
28 même d'une confusion chronique.

29 LA MEME VOIX DANS LA SALLE : C'est
30 parce qu'on exige trop peut-être d'eux, ils ne savent

1 plus ou aller, on exige tellement d'eux autres. Il
2 y a le stress, juste le stress de l'éducation, l'é-
3 ducation est extrêmement avancée, tout ce qu'ils ap-
4 prennent, c'est formidable... tout ce stress qu'ils
5 ont, il faut qu'ils aient une décharge quelconque, et
6 s'ils choisissent la drogue comme décharge, c'est une
7 erreur. D'accord, ce n'est pas une bonne décharge
8 mais enfin s'ils le font, est-ce que c'est nous qui
9 devons les juger ? Nous autres, lorsqu'on est fatigué,
10 on prend un verre et on se détend, ce n'est pas tellement pour le goût, c'est
11 détendre, ce n'est pas tellement pour le goût, c'est
12 plutôt pour l'effet, la relaxation qu'on va y avoir.
13 Pour eux autres, c'est un style moderne parce qu'enfin
14 la nouvelle génération qui s'en vient a une tendance
15 à style révolutionnaire ou bien excitable. Ils veulent
16 changer, ils ont tous l'idée qu'ils peuvent changer la
17 société, c'est un fait, on dirait qu'ils veulent tout
18 changer, ils ne sont pas satisfaits de la société qu'ils
19 ont en mains. Peut-être qu'ils veulent faire ou qu'ils
20 veulent une échappe de cette société-la vu que cette
21 société-la ne leur plaît pas du tout.

22 PAR LE PRESIDENT : A ce stage-la, à
23 dix ans, ils n'ont pas encore une perspective sur la
24 société, ils n'ont pas d'idées critiques, une idée cri-
25 tique sociale... Est-ce que nous sommes en mesure de
26 prouver qu'on ne peut pas changer la société ? Est-ce
27 que nous pouvons faire quelque chose dans le système
28 d'enseignement pour trouver des moyens de détente ?

29 PAR LA MEME VOIX DANS LA SALLE : Peut-
30 être qu'on pourrait mettre une emphase sur la valeur

1 humaine, les qualités vraiment de l'homme comme homme,
2 Qu'est-ce que c'est...

3 MR. THOMPSON: Now you are talking;
4 now you are talking...

5 PAR LA MEME VOIX DANS LA SALLE
6 C'est très difficile d'accord de changer le système
7 d'éducation mais on met beaucoup plus d'emphase sur
8 les mathématiques, les sciences et tout ça et on oublie
9 tout à côté la partie qui devrait former un individu,
10 lui donner une raison valable de vivre, que ce soit
11 autre chose, que ce ne soit pas seulement la même his-
12 toire, l'économie... L'économie est un gros problème
13 aussi... Franchement là vous me demandez de résoudre un
14 problème que beaucoup de gens essaient de résoudre de-
15 puis tant d'années et ils ont beaucoup plus de connais-
16 sances que moi... alors je ne pourrais pas résoudre un
17 problème comme ça mais ce serait très utile si en classe
18 on pouvait avoir plus de connaissances au point de vue de
19 "qu'est-ce que c'est l'homme?", les bonnes choses de
20 l'homme, l'homme naturel, qu'est-ce qu'il y a de bon
21 dans l'homme naturel, on a complètement oublié qu'est-
22 ce que c'est l'homme naturel, on est devenu artificiel.

23 PAR LE PRESIDENT : Qu'est-ce que
24 vous ferez avec vos enfants pour les protéger ?

25 PAR LA MEME VOIX DANS LA SALLE : Je
26 ne sais pas... je ne le sais vraiment pas
27 pas les protéger... si on les protège continuellement
28 ce n'est pas l'idéal. Il faut qu'ils apprennent à se
29 débrouiller mais je voudrais leur donner assez de con-
30 naissances pour pouvoir les aider avec leurs décisions

1 mais lorsqu'ils prennent leurs décisions, qu'ils aient
2 quelque chose pour choisir entre les deux, quelque
3 chose de bien, parce que je pense que l'étudiant, la
4 nouvelle génération, leurs décisions, ce n'est pas
5 seulement entre deux choses de bien mais plutôt entre
6 ce qui est facile à faire ou bien quelque chose de très
7 difficile à faire... vous comprenez ce que je veux
8 dire ? Il faudrait essayer de les guider, de leur faire
9 comprendre qu'il faut choisir le meilleur pour eux
10 autres, leur faire voir les choses meilleures, pas tou-
11 jours être si pessimiste. De ce temps-ci, la nouvelle
12 vague de films est très pessimiste comme... est-ce que
13 vous avez vu "Medium Cool" ? C'est parce que c'est le
14 dernier film que j'ai vu, c'est pour agiter les gens,
15 c'est une satire contre la société américaine, ça les
16 excite... justement, j'étais pas mal excitée contre ces
17 révolutions-là, j'étais fâchée contre la police qui uti-
18 lisait tellement de force. Il y a tellement de violence
19 Tous les films usent de violence, sexe, pessimisme, il
20 n'y a rien de positif on dirait, on leur met tellement
21 d'idées dans la tête, plutôt négatives que positives.
22 Si on leur faisait voir le bon côté de la vie, on
23 pourrait peut-être leur faire comprendre qu'ils n'ont pas
24 besoin du tout de drogues ni d'alcool pour oublier cette
25 vie qu'ils vivent... mais là encore, c'est une utopie !

26 PAR LE PRESIDENT: Bien, merci
27 mademoiselle.

1 THE PUBLIC: Excuse me, sir, I would
2 like to say something.

3 THE CHAIRMAN: Would you speak closely
4 to the microphone?

5 THE PUBLIC: Is this on?

6 THE CHAIRMAN: Yes.

7 THE PUBLIC: The lady that was just
8 speaking now; I know a nine year old or thirteen year
9 old myself, and the kid comes home now at thirteen and
10 where are the other kids, they were sniffing glue and
11 they went this or they went to there, and what am I
12 supposed to say?

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1 THE CHAIRMAN: Would you speak more
2 closely to the microphone?

3 THE PUBLIC: I can't alienate my son
4 or my daughter into a group that does not use drugs
5 because the other group does. That is splitting up the
6 groups even further. I mean now we have -- well, for
7 once, the adult or the older generation has found that
8 they have something on them that they know nothing about
9 and they are trying to, to use a better word, BS their
10 way out of it, they really are. They are setting up
11 guidance -- it is true, they are setting up guidance
12 people in this front here, and they say, "I mean I took
13 a crash course here at University." I mean these kids
14 are living with it every day and you can't take a crash
15 course in two months and expect to tell a kid, "This is
16 good and this is bad and this is what you do, and this
17 is what you don't." I mean kids living with it and it
18 is more and more every day, that he is living with it.
19 John comes to school on Monday and he says, "I finally
20 smoked it. It was different." And then the next week
21 somebody else does it, and the next week something after
22 that, and then the teacher gets up front, stamps his
23 foot down and says, "No, you can't do that, can't do
24 that." But he hasn't got anything to back up what he
25 is talking about. This is the generation gap, as they
26 say, and it is further enhanced by people like that,
27 standing up there and talking about what they really
28 don't know. I mean they take their crash -- it's fine,
29 they know the technical aspects and they have the whole
30 book full of statistics and all kinds of chemical com-

1 pounds under their arm, but, I mean, what is going on
2 with the kids today? They don't know. I mean when my
3 kid comes home and he sees something on television about
4 marijuana and he sees the kids, and the teacher was
5 talking about -- and I say, "What did she say?" And
6 he says, "Not to do this, not to do that." And I say to
7 the kid, "Why you don't ask the teacher to shut up," very
8 politely and just ask the kids themselves how they feel
9 about it, without harassment from the teacher going "tsk,
10 tsk, tsk", and just talk about it and maybe the teacher
11 can learn from the kids instead of the kids for once --
12 you know, let the kids teach for once and let the parents
13 and teachers and trustees, etc., learn. It has been the
14 other way around. This is something they don't know
15 anything about and if they continue to think they know
16 something about it there will never be any progress.

17 MR. THOMPSON: Well, this actually is
18 being done now in the guidance counselling as determined.
19 It isn't taking an individual and saying, "Don't be a
20 bad boy, it's a sin, you don't do that."

21 THE PUBLIC: You have alienated --
22 the kids you are taking are being alienated by the
23 school flunkies, the ones who are elected by the schools
24 -- like when we went to school, you know, when you have
25 student elections, he is going to give you more parties,
26 he is going to give you more than this, he is going to
27 give you real neat football sweaters and all that, but
28 what happens to the kid that gets up there and says,
29 "We are going to have panel discussions on what our
30 society means today", I mean, including the school, and

1 the kid is involved in drugs, and this kid, being involved
2 in drugs is being involved in subjects like our changing
3 society, and he is not going to go -- and the majority of
4 those kids drop out of school, they don't go to uni-
5 versity. I mean a very small percentage of kids in uni-
6 versity are really concerned with society. The majority
7 want BA's, as far as the males are concerned, and the
8 females just want a husband. I mean, most girls want
9 a husband, and if they come along -- and most guys want
10 to make ten grand and get that Corvette and they don't
11 give a damn about everyone else, and other people do
12 care what he is alienated about, and, he doesn't want
13 to talk about that, and I mean, you want to learn about
14 this and this and this today.

15 MR. THOMPSON: I think you are wrong.
16 I think you are going back into the Dark Ages.

17 THE PUBLIC: Education is in the Dark
18 Ages, sir.

19 MR. THOMPSON: This is not the way
20 things are being taught now.

21 THE PUBLIC: The Carter-Hall Commission
22 had a report a few years back, all sorts of changes in
23 there, revolutionary changes, people that were young,
24 the kids looked, the kids themselves looked, "That looks
25 fantastic. A new area, something, a brand new frontier
26 in education, not the typical". You have to learn
27 algebra even if you are not interested. If you flunk it
28 you go and do your whole damn year all over again. You
29 may be very good at something you are interested in but
30 because you don't have the capacity to know what hydrogen

1 sulphide, or whatever it is made out of, you know, you
2 have got to repeat your whole year all over again, and
3 this poor kid says, "What is the use?"

4 MR. THOMPSON: This is not education
5 today. This is education five years ago.

6 THE PUBLIC: That's education today.
7 My kid sister flunked last year because she flunked
8 science. She can make out an income tax form and ring
9 a cash register, but the thing is, she doesn't know a + b
10 squared, so on and so on equals such and such and if she
11 doesn't know how to make soap in a lab, you know, in a
12 chemistry class, she doesn't know how to make soap and
13 floor wax, she flunked her whole year because of that
14 and she did very good in English and she did very good
15 in history, and I'm not trying to plead for her cause
16 but there are a lot of kids in her situation today and
17 a lot of kids, the ones who are drop-outs now and the
18 ones that drop-out, a few dropped-out a few years ago,
19 and I want to know, because of this education, the thing
20 is, how soon before we implement them, how many more
21 drop-outs and how many problems like pot, etc., are we
22 going to have later on?

23 MR. THOMPSON: Well, to the subject of
24 education, and its only relevance would be to social ills,
25 or the children, in relation to what the Commission is
26 doing with drug abuse. These things are being implemented
27 now. The education system that is now in our schools,
28 we have the communication from the kids; the old days
29 of the teacher standing in front and disseminating in-
30 formation is gone in our system, four or five years ago.

1 There is this communication between children and teacher.
2 The teacher is a guider, rather than a basic instructor
3 and this sort of thing is actually being carried out.
4 Maybe it is not implemented everywhere ---

5 THE PUBLIC: What grades, sir? This
6 seems to be the junior grades with the teaching approaches,
7 but in the senior grades it is still standing up in the
8 front, opening your book and dictating, you know.

9 MR. THOMPSON: This is the point, and
10 in an area of which I have had no jurisdiction other
11 than grades nine and ten. Whether it is in our outline,
12 I'm not too sure. You are referring to collegiate level
13 of education?

14 THE PUBLIC: Yes, sir.

15 MR. THOMPSON: I'm sorry I can't speak
16 with any authority on this.

17 THE PUBLIC: The reason I got off on
18 this education approach is, the majority of kids we
19 are speaking of today, are in this age level and in this
20 educational process, and it seems to me when they are
21 in this educational process and in these different areas,
22 that if they see the sort of message that is going on
23 there now, and if they don't have the chance to express
24 opinions or if, right on drug abuse, if they can't sit
25 down for, say, a whole hour or two hours, for a whole
26 morning, and really discuss it, to look at the economic
27 almost the same as this Commission is doing with adults.
28 Why can't the kids do this in the schools, sit right
29 down in this class and allocate a day a week and talk
30 about social ills and not just the subject on history

1 or geography, why not a morning session and discuss these
2 things and maybe we wouldn't have this problem, or if we
3 are going to have this problem, and like I said before,
4 it doesn't seem it is going to stop, we are going to
5 have this problem, let's sit down and discuss it and how
6 it affects us and how it will affect us, and like the
7 young lady said, how is it going to affect our kids in
8 the future because I am very, very worried myself. I
9 don't want my kid watching the boob tube all the time
10 because he doesn't have anybody to play with.

11 That's all. Thank you.

12 THE CHAIRMAN: Thank you very much,
13 Mr. Thompson.

14 MR. THOMPSON: You are welcome, Mr.
15 Chairman.

16 THE CHAIRMAN: I call now on the
17 Alcoholism and Drug Addiction Research Foundation, Mr.
18 H. David Archibald, Executive Director, is here with
19 Mr. Robert Popham, of the Research Division, and
20 Dr. Harold Kalant, Director of Biological Research.

21 I wonder if they would be seated at the table. Gentle-
22 men? Mr. Archibald?

23 MR. ARCHIBALD: Mr. Chairman, members
24 of the Commission, may I first of all express apprecia-
25 tion that we have, the members of the staff of the
26 Addiction Research Foundation, for the opportunity of
27 appearing before you today. We are profoundly aware
28 of the extremely important responsibility that has been
29 placed on their shoulders by the Government of Canada.
30 We are also aware of the enormous complexity of the task

1 that you face.

2 We of the Foundation were pleased with
3 the decision made by the Government of Canada to esta-
4 blish your Commission. As we have indicated previously,
5 we would like here stipulated for the public record,
6 Mr. Chairman, that our Foundation is prepared to provide
7 for the members of this Commission, any of the material
8 derived from our research and experience that is relevant
9 to your area of concern, and in your opinion, may be of
10 assistance to you. Indeed, we have already forwarded a
11 number of research reports and other material to the
12 Commission. We recognize fully, and appreciate very much
13 the fact that your inquiry must proceed in an entirely
14 independent fashion, independent of the ongoing programs
15 and concern of the federal government or other govern-
16 mental or non-governmental institutions across this
17 country. We recognize and appreciate too, that the
18 recommendations and observations that your Commission
19 have the responsibility of making must be seen as your
20 decisions, your recommendations, arrived at independently
21 of all of us who have ongoing programs of various kinds
22 in this field, and it is within this understanding that
23 we have indicated to you and the members of your Com-
24 mission, sir, that information and material from the
25 Addiction Research Foundation is available to you and
26 to be used by you solely at your discretion.

27 Now, Mr. Chairman, we have a brief
28 which I propose to read in the main. Attached to the
29 brief or embodied in the brief, is a fairly extensive
30 review of some of the major research that the Foundation

1 itself has undertaken with respect to drugs other than
2 alcohol. I do not propose to read that, but I would
3 reserve -- propose to read what essentially is the first
4 major part of the brief itself.

1 First of all, the purpose of this
2 brief:

3 The present Commission of Inquiry
4 Into the Non-Medical Use of Drugs in Canada, presumably
5 has two objectives:

6 1. To gather and assess information
7 and the patterns of non-medical drug use in various
8 segments of Canadian society, and;

9 2. on the basis of this information,
10 to recommend to the government the most appropriate
11 actions to deal with problems resulting from non-medical
12 drug use.

13 The Minister of National Health and
14 Welfare indicated that the use of drugs by youth was of
15 particular concern, but he also stipulated that the
16 enquiry should extend to all aspects of non-medical drug
17 use. Many of the briefs submitted to the Commission so
18 far, and much of the evidence presented at the hearings
19 of the Commission, have been devoted primarily to the
20 question of the legal status of marijuana. We believe,
21 for reasons which will be presented later in this brief,
22 that to focus attention on this question without reference
23 to the whole pattern of drug use in Canada, is a mis-
24 leading, if not pointless, exercise.

25 The present brief, so far, is an
26 attempt to place in scientific and social context the
27 broad questions of drug use, rather than the merits or
28 dangers of any one drug. At this stage of its task,
29 the Commission is presumably attempting to reach
30 preliminary answers to these broad questions, and to

1 identify areas in which valid evidence is scant, or
2 lacking.

3 Since it has another year and a
4 half in which to consider specific recommendations to
5 the government, we have not included in this brief, our
6 own views on changes in legislation, provision of
7 treatment services, or educational and public health
8 measures. These, Mr. Chairman, with your permission,
9 we will cover in a later brief.

10 The Role of Governments as Protectors
11 of Society: Implicit in the establishment of the
12 Commission, is the increasing role of government, in
13 what it conceives to be the task of protecting society.
14 Legislation governing the sale and use of pharmacological
15 agents of many kinds, anti-pollution laws, the Canada
16 Pension Plan and the recent medicare legislation, are all
17 examples of government efforts to protect the citizens
18 of this country against illness, accident, ignorance
19 or improvidence. This role is frequently a controversial
20 one, because it raises the issue of the relative merits
21 of government intervention and individual freedom, and
22 the conflict is frequently difficult to resolve.

23 And I am certain that the members
24 of the Commission are aware of this.

25 This is particularly evident in
26 the case of regulation of non-medical use of drugs. At
27 one extreme it is obviously desirable to prevent the sale
28 of deadly poisons, such as cyanide, to children. The
29 hazards of unrestricted sale are obvious and the benefits
30 virtually nil. In contrast, the widespread voluntary

1 use of substances which alter mood or perception implies
2 that the users derive some pleasure or perceived benefit
3 from the use of these substances and this must be taken
4 into account in assessing the merit of governmental
5 controls.

6 Components of the Process of Decision:

7 The deliberations of the Commission, and subsequently of
8 the government, inevitably involve two steps or processes.

9 The first is a relatively objective one, consisting of
10 an attempt to gather all available information about the
11 effects and consequences of the use of different psycho-
12 active agents, by different segments of the population.

13 Those effects which are potentially pleasurable or
14 beneficial, as well as those which are potentially
15 dangerous, should be considered. As the Commission no
16 doubt has learned already from its enquiries, the degree
17 of completeness of available knowledge differs greatly
18 from one drug to another. A particularly important
19 aspect of its enquiries must necessarily be an attempt
20 to distinguish between accurate and reliable data, and
21 hearsay evidence or conclusions based on unsound inves-
22 tigations. Many of the apparent contradictions between
23 the views of reputable authorities are due to a failure
24 to examine critically the evidence on which conclusions
25 are based.

26 The second step is political rather
27 than scientific, and is based on ethical or value judg-
28 ments with respect to categorization of the objectively
29 determined consequences of drug use and the relative
30 weights to be given them, as well as considerations of

1 feasibility or social acceptance of control measures
2 or lack of same, which might be proposed.

3 The Role of Research in Decision-
4 Making: Increasingly in recent times, many governments
5 have indicated a desire to base decisions of this type
6 on objective scientific evidence. One frequently hears
7 the statement that certain laws or regulations cannot be
8 changed yet, because "much more research is needed." We
9 believe that in part this is a valid assertion, in as
10 much as any decision stands a better chance of being
11 reasonable if it is based on more complete and more
12 accurate information. However, after all possible
13 information has been acquired and verified scientifically,
14 the final steps in the formulation of legislation or
15 governmental policy will be based upon value judgments.
16 Even the classification of the effects of drug use as
17 "beneficial" or "adverse" is a process of evaluation with
18 respect to subjective standards.

19 In this brief, we propose to
20 illustrate the roles and limitations of both the
21 objective and subjective processes in relation to
22 governmental control of drug use, and for this purpose
23 we have deliberately classified drug effects as either
24 beneficial, or harmful, in accordance with our best
25 estimate of what the majority view would be.

26 The Beneficial Effects of Drug Use:
27 First, there is the Facilitation of Social Interaction.
28 One of the most widely recognized and accepted beneficial
29 functions of mood-modifying drugs is the facilitation of
30 social interaction. This function is served in part by

1 the symbolic value of the use of alcohol and other drugs.
2 For example, the use of alcoholic beverages in drinking
3 toasts, in religious ritual, to establish friendship or
4 equivalence of status, or to seal a bargain, are symbolic
5 functions related to the traditional analogy between
6 alcohol and blood or vital principle. At a more general
7 level, the use of alcohol, kava, betel and many other
8 drugs symbolizes one's group identification.

9 The use of marijuana by many young
10 people in North American society appears to be motivated
11 at least in part, by a desire to demonstrate that the
12 user is in sympathy with the "hip culture" as opposed
13 to the society of "squares."

14 However, it is also clear that this
15 symbolic value of a drug is partly dependent upon its
16 pharmacological actions, because the drugs which are
17 used as social facilitators are generally the milder
18 intoxicants, such as alcohol, marijuana, betel, kola,
19 coca, khat and opium -- opium as opposed to morphine or
20 heroin, which are injected.) These are most commonly
21 used to produce mild euphoria, and some degree of
22 emotional disinhibition.

23 The feelings of joviality, convivial-
24 ity and ease of communication, undoubtedly reinforce
25 the preference for these drugs in a social context.

26 It should be noted that the potency
27 of a drug, and the manner of its use, are two distinct
28 matters which are sometimes confused. A potent drug
29 may be used to produce mild intoxication if only a
30 small dose is employed. Conversely, the drugs used in

Third, Mystical Experiences and Self-Understanding: Another function of certain drugs which

1 which is held to be beneficial by some users, is the
2 facilitation of mystical experiences. In this connection
3 the drug may be incorporated into an organized religion,
4 as peyote is in the Native American Church, or it may
5 be part of a less formalized individual exploratory
6 activity, aimed at self-understanding, such as that des-
7 cribed by Huxley, William James, and others

8 LSD, mescaline and other agencies
9 have been used. There is no doubt that such experiences
10 may be attained by other means, and some former advocates
11 of the use of LSD for this purpose, now prefer the use
12 of non-drug methods.

13 Fourth, Exploration and Experimental
14 factors: The use of agents which modify mood and percep-
15 tion, may be part of a purely exploratory activity, with-
16 out religious overtones.

17 It may be one among many methods of
18 attempting to diversify one's range of intellectual and
19 aesthetic experiences, and knowledge. Such attempts are
20 perhaps most characteristic of the adolescent. Some users
21 claim that hallucinogenic drugs - LSD for example -
22 increase artistic creativity. This has not been proven
23 by any comparison of the long-term artistic productivity
24 of users and non-users of drugs. Various studies suggest
25 that it is only the subjective satisfaction of the artist,
26 rather than the artistic value of his creation, as assessed
27 by others, which is enhanced.

28 Fifth, Self-Medication: Perhaps one
29 of the most important "beneficial" functions of regular
30 heavy drug use, is that which may be designated self-

22 This type of drug use is probably
23 the most subject to debate respecting its classification
24 as beneficial, or detrimental. To make such a judgment,
25 one must ask what alternatives to this type of self-
26 medication are presently available. Is drug-taking, at
27 least in some cases, less harmful than the alternative
28 forms of behavior? If the user consulted a physician
29 or psychiatrist because of his discomfort, what is the
30 likelihood that he would be given a prescription for a

1 similar drug, to be used for a similar purpose. It is
2 probable that under medical supervision, the drug use
3 would be better directed, the dosage better controlled,
4 and the chances of suicide or psychotic reaction smaller,
5 but in our opinion, the questions raised above, still
6 merit consideration.

7 The second of the major sections, is
8 the Harmful Consequences of Drug Use; and the first is
9 Toxicity and Organic Damage: The most obvious and un-
10 controversial harmful effects of drug use, are those
11 which give rise to fatalities because of acute drug
12 toxicity. Accidental death or suicide from overdose of
13 barbiturates, or alcohol, or cerebral hemorrhage or
14 cardiovascular collapse because of the excessive sympath-
15 omimetic activity of a large dose of amphetamine, will
16 probably be accepted without argument, as examples of
17 harmful effects. Organic damage which is clearly proven
18 to be the result of chronic use of drugs is also likely
19 to be accepted without controversy, as a harmful effect.

20 A large body of epidemiological,
21 clinical and experimental evidence leaves little doubt
22 of the causal role of the heavy use of alcohol in the
23 production of cirrhosis of the liver, cardiomyopathy,
24 Wernicke's syndrome, peripheral neuritis, and other
25 organic lesions, caused either directly by alcohol, or
26 indirectly because of nutritional deficiency or injury.

27 The studies of the use of cannabis
28 are not nearly complete, or thorough, but there is
29 general agreement that the heavy user is neglectful of
30 personal hygiene, pays little attention to his diet, and

1 | therefore, tends to be undernourished and prone to
2 | infections. In addition, the studies of the Chopras in
3 | India, showed that they smoked cannabis preparations
4 | most heavily, suffered a great increased incidence of
5 | chronic lung disease, probably because of the strongly
6 | irritant properties of the smoke, and the special tech-
7 | nique of deep inhalation and prolonged retention of the
8 | smoke in the lungs.

1 It seems a reasonable guess that when sufficiently long
2 observation of a large enough number of users is carried
3 out, with proper use of modern diagnostic facilities,
4 prolonged heavy smoking of cannabis will be found to
5 generate the same types of pulmonary and cardiovascular
6 disability, including perhaps lung cancer, as those
7 attributed to the heavy smoking of tobacco.

8 Numerous case reports indicate that
9 chronic use of large doses of amphetamines also give rise
10 to malnutrition, and reduced resistance to infectious
11 diseases. This, of course, is hardly surprising, in view
12 of the known effect of amphetamines in inhibiting the
13 appetite. More recent observations in this country and
14 elsewhere, since the advent of intravenous use of large
15 doses of amphetamine, indicate that serum hepatitis is an
16 important hazard arising from the use of unsterile needles
17 and syringes.

18 Within the past three years, a number
19 of reports have indicated the possibility of chromosomal
20 damage as a result of the use of LSD. This evidence is
21 by no means conclusive, and it remains to be established
22 whether the drug itself is responsible for chromosomal
23 anomalies in the users, how frequent this complication
24 may be, whether or not it is transmitted to the off-
25 spring, and what the possible effects are on the health
26 of the users and their children.

27 In general, of course, it is safe to
28 say of virtually any drug that, the heavier its use, the
29 greater is the risk of either direct or indirect physical
30 damage. Moreover, any drug which renders the user

1 relatively oblivious to hygiene and personal needs for
2 an extended portion of his waking hours is likely to
3 result in some deterioration of his health.

4 The second factor is: Psychiatric
5 Damage: Psychiatric ill effects of chronic drug use are
6 rather more difficult to identify with certainty.
7 Organic psychoses have long been recognized in association
8 with chronic heavy use of alcohol and barbiturates.
9 Accompanying pathological findings include patchy atrophy
10 of the cerebral cortex. The etiological mechanisms are
11 not fully known, but it seems probably that a variety
12 of factors are involved, including nutritional deficiency,
13 head injuries, and periods of partial anoxia associated
14 with profound intoxication.

15 Large doses of amphetamine, LSD, hash-
16 ish, and the newer synthetic hallucinogens such as STP,
17 DOM and other drugs, can produce acute disturbances of
18 perception and emotional response which are part of their
19 so-called "hallucinogenic" effect. In addition to this,
20 however, it is now well recognized that chronic use of
21 amphetamines can give rise to a toxic psychosis closely
22 resembling a paranoid schizophrenia, which may outlast
23 the period of drug use by days or weeks. Furthermore,
24 the perceptual disturbances generated by the use of LSD
25 and similar drugs may, depending on the personality of
26 the user and the setting, give rise to severe anxiety
27 or panic which may in turn precipitate a true psychosis.
28 Such cases receive, of course, a good deal of publicity,
29 both in the scientific and the lay press, but the true
30 importance of this problem can be estimated only when

1 there are accurate figures available concerning the
2 frequency of incidents and the severity and duration of
3 the problems produced. So far, fully satisfactory data
4 are not available.

5 The evidence is similarly unreliable
6 with respect to the so-called cannabis psychosis reported
7 in India, Egypt, Morocco, Brazil, and other countries
8 where potent preparations of cannabis have been widely
9 used for long periods of time. The claims and counter-
10 claims are difficult to evaluate, because in general the
11 psychiatric diagnoses were often not made by profession-
12 ally qualified persons, documentation was poor, and the
13 relation of the cannabis to the psychosis was not examined
14 in critical fashion. In many instances, apparently any
15 patient admitted to a mental hospital who was known to
16 have used cannabis at all, was listed as an instance of
17 cannabis psychosis. However, the experimental portion
18 of the report of the Mayor's Committee on Marijuana
19 describes at least one case of temporary psychosis arising
20 during the experiment and for which no cause other than
21 the marijuana could be found. This question, I believe,
22 deserves careful investigation.

23 Intoxication as a Factor in Accidents:

24 Other harmful effects of psychoactive drugs arise from
25 the acute intoxicant effect for which the drug or drugs
26 are used. For example, there is a large body of evi-
27 dence concerning the role of alcohol in the causation
28 of motor vehicle accident, injuries and suicides. Barbi-
29 turates are similarly involved in many such happenings.
30 There is also a large body of experimental evidence in-

1 dicating the interaction between tranquillizers, non-
2 barbiturate sedatives, and other substances with sedative
3 action, when taken together with alcohol. A number of
4 studies of motor vehicle accidents indicate that the
5 events themselves are partly attributable directly to
6 the pharmacological action of the drug, and partly to
7 the personality characteristics of the chronic heavy user.

8 There is some very preliminary evidence
9 to suggest a similar involvement of amphetamines and
10 amphetamine users in motor vehicle accidents. This
11 information is enough to warrant further investigation,
12 but not, as yet, to demonstrate with certainty a specific
13 role of the amphetamines in this area. There is also
14 insufficient information to permit any valid conclusion
15 with respect to the effects of cannabis in this respect.
16 One recent paper reported that a moderate social dose
17 of marijuana did not produce any impairment in a simu-
18 lated motor driving task, while a very heavy dose of
19 alcohol did. However, this comparison was meaningless
20 because no dose-response studies were done with the two
21 drugs to establish the relative potencies. And, of
22 course, as might be predicted, this paper has already
23 been cited as proof that marijuana is not impairing and
24 that it is safer than alcohol.

25 So far, cannabis does not appear to
26 have been involved to any significant extent in the
27 production of automobile accidents, although preliminary
28 data suggests that chronic users may commit more viola-
29 tions of traffic regulations, and often believe that
30 their driving ability is impaired by marijuana. In any

1 case, three points should be considered in the assess-
2 ment of evidence on this question. First, many heavy
3 users of marijuana may be members of a subculture which
4 disavows affluence and does not include many automobile
5 drivers. Second, since cannabis or its derivatives
6 cannot yet be measured in the blood or other body fluids
7 or tissues, it is impossible to prove its presence in
8 people involved in accidents. Third, the drug is illegal,
9 and some users report that they drive particularly care-
10 fully to compensate for what they perceive as impairment,
11 perhaps to avoid the added risk of involvement with the
12 police. If the drug were legalized, and its use became
13 much more widespread, its effects on driving might well
14 become of greater significance. Certainly it can be
15 safely asserted a priori that if driving occurred under
16 the influence of a large dose of any intoxicating drug,
17 the risk of accident, of course, would be significantly
18 increased.

19 Some deaths are known or are reported
20 to have occurred accidentally as a result of the hallu-
21 cinatory state induced by the ingestion of LSD. Others
22 have occurred through accidental suffocation by plastic
23 bags used in the practise of solvent sniffing. Like the
24 psychotic episodes, these accidental deaths are dramatic
25 and have received wide publicity, but the reported cases
26 are relatively few in number and there is probably no
27 valid estimate of the total number likely to have
28 occurred.

29 Fourth, is Antisocial Behaviour:

30 Another form of harmful effect arising from the state of

1 intoxication itself is the occurrence of various types
2 of anti-social behaviour, including crimes and especially
3 crimes of violence. Such behaviour is well known in
4 relation to alcohol. Recently also there have been
5 reports of crimes of violence committed by users of
6 amphetamines, perhaps in relation to paranoid delusions
7 occurring during actue intoxication. The most striking
8 contradiction occurs in relation to the effects of
9 cannablis in this connection. Law enforcement officials
10 in North America and elsewhere have long contended,
11 usually without any convincing evidence, that the use
12 of marijuana leads to the commission of such crimes.
13 In contrast, the proponents of its use argue that the
14 major effect is to induce a state of passivity which is
15 most unlikely to generate crimes of any kind, and es-
16 pecially crimes of violence. Folklore and hearsay
17 provide such directly contradictory statements as the
18 following: the Egyptians were rumored to have been
19 so easily defeated by the Israelis in 1967 because most
20 of their troops were in a state of passivity due to the
21 use of cannablis, or in contrast, the otherwise non-
22 belligerent Malagasy males fought courageously against
23 the French because their officers supplied them with a
24 cannablis preparation which released aggressive behaviour.
25 Third, in contrast, the Egyptian government has been
26 attempting for years to eradicate the use of cannablis
27 in Egypt because it gives rise to so many crimes of
28 violence.

29 Such contradictions may arise for
30 various reasons. One is undoubtedly that many statements

1 are made purely on the basis of preconception or bias,
2 without any supporting evidence whatsoever. Another
3 may be the failure to distinguish between acute and
4 chronic effects of the drug, or to distinguish between
5 causality and coincidence. Crimes committed by users
6 of cannabis, are often attributed to the cannabis, without
7 any attempt to analyze the connection between them. This
8 type of reasoning is well illustrated by the frequent
9 assertion that use of marijuana leads to heroin addiction.
10 A recent study of heroin addicts admitted to the United
11 States Public Health Service Narcotic Addiction Hospitals
12 at Lexington and Dallas showed that although the majority
13 of heroin users had used cannabis previously, they did
14 not begin to use heroin until after being sentenced to
15 penitentiary where they became acquainted with heroin
16 users.

17 Another probable reason for the contra-
18 dictions between different writers is the failure to
19 consider such factors as the dose of the preparation
20 used, the setting and the pattern of use. While small
21 doses of marijuana are principally mildly euphorigenic,
22 large doses are hallucinogenic. The same dose-dependent
23 gradation of effect has been observed with pure synthetic
24 delta 9-tetrahydrocannabinol, which is now believed to be
25 the principal psycho-active component of cannabis. It
26 is perhaps worth noting that it is very easy, by the way,
27 to extract the resin from marijuana so as to produce a
28 concentrated material with the potency of hashish. If
29 marijuana itself becomes readily and cheaply available,
30 it is reasonable to predict that many people will learn

1 how to make the more potent preparations from the weak
2 ones.

3 We would like, now, to continue to a
4 consideration of the question of dependence. First of
5 all, the significance of the term "dependence" itself.

6 Much of the discussion concerning
7 untoward effects of the use of psychoactive drugs centres
8 around the question of drug dependence. In the past
9 there has been a common tendency to regard dependence
10 as a frankly adverse effect, and to consider physical
11 dependence as worse than psychological dependence. We
12 believe that dependence per se should not be regarded
13 as an adverse effect. Dependence is merely a descriptive
14 term indicating a need to continue taking drugs because
15 the interruption of drug-taking gives rise to either a
16 non-specific dissatisfaction (psychological dependence)
17 or a more specific set of physiological disturbances
18 which is physical dependence. Whether dependence is
19 harmful or not must be assessed on the basis of its
20 consequences.

21 Physical dependence is a well known
22 and thoroughly studied phenomenon which arises with
23 continued intake of large doses of alcohol, barbiturates,
24 minor tranquillizers and opiates. All of these substances
25 produce physiological changes which, on interruption of
26 drug use, give rise to characteristic clinically ob-
27 servable withdrawal syndromes.

1 This type of dependence is acquired,
2 and lost much more rapidly, than was formerly believed.
3 Experimental evidence shows that increased tolerance to
4 these agents, and physical dependence upon them, can be
5 acquired within days or weeks of continued intake, rather
6 than months or years, as previously believed.

7 Withdrawal syndromes are harmful in
8 two senses: First there is acute discomfort, varying in
9 intensity from mild tremors, sleeplessness and autonomic
10 hyperactivity to the full blown severe picture of con-
11 vulsions, or delirium tremens.

12 In addition, these withdrawal syndromes
13 carry with them, a certain risk of mortality which is
14 highest for the barbiturate withdrawal picture, and
15 lowest with the opiates.

16 However, if the user continues to
17 take the drug on which he is dependent, in doses suff-
18 icient to prevent the appearance of withdrawal syndromes,
19 the fact of being physically dependent is not necessarily
20 in itself harmful.

21 For example, people who are physically
22 dependent upon opiates, can continue to take maintenance
23 doses sufficient to prevent withdrawal symptoms, and
24 continue to function normally for many years. This is
25 the basis of the well known substitution therapy, with
26 methadone. There is no evidence of damage arising from
27 the continued use of maintenance doses, except for that
28 caused by the complications of undisciplined use of
29 material obtained through illicit channels. For example,
30 many addicts suffer abscesses and other more serious

1 complications of unsterile injection technique, and some
2 have been known to die from overdosage due to unexpected
3 variations in the potency of the illicit preparations
4 taken.

5 In contrast, physical dependence on
6 alcohol obliges the dependent person to take doses which
7 are likely to cause physical damage. Thus, if he uses
8 enough to prevent withdrawal syndromes during the later
9 stages of dependence, his daily intake is then high
10 enough to give rise to metabolic damage in the liver
11 and other tissues.

12 The question of physical dependence
13 on amphetamines is not yet settled. Many observers
14 believe that it does occur, even though tolerance is
15 known to increase dramatically. However, some recent
16 neurophysiological evidence suggests that there may
17 indeed be some degree of physical dependence, and that
18 the profound depression which often follows the interr-
19 uption of amphetamine use may be based in part upon
20 this dependence. The question is not entirely academic,
21 because such dependence might underlie the continued use
22 of the drug, even when toxic symptoms have already
23 manifested themselves. This would be analogous to the
24 use of alcohol by the alcoholic, for preventing withdrawal
25 reactions.

26 There appears to be no clinically
27 recognized physical dependence produced by the chronic
28 use of cannabis. One might expect that if such physical
29 dependence did exist, a characteristic withdrawal reaction
30 would have been recognized in those countries, where

1 prolonged use has existed for centuries. However, the
2 question does not appear to have received extensive
3 experimental study. Abrupt discontinuation of intake of
4 pyrahexyl by volunteers who had taken it daily for about
5 a month, was reported to cause a withdrawal syndrome which
6 included restlessness, insomnia, sweating, "hot flashes",
7 loss of appetite and dysphagia. In a similar experiment
8 with marijuana, this syndrome did not appear. As with
9 amphetamines, it is possible that more sensitive and
10 sophisticated physiological techniques might give some
11 indication of physical dependence with marijuana as well.
12 Oswald et al have pointed out the probability that as the
13 physiological and biochemical bases of behaviour become
14 better understood, it will be increasingly difficult to
15 draw a meaningful distinction between physical and
16 psychological dependence.

17 Psychological dependence itself can
18 occur with any type of drug, and with many types of
19 behaviour not involving drugs at all. I think it is
20 important to repeat that psychological dependence again
21 is not a descriptive label for a pattern of behaviour
22 which may vary from a trivial and inconsequential
23 reliance upon some generally harmless substance or
24 practice, such as one's morning paper or coffee, to an
25 intense need for a drug which dominates virtually the
26 whole pattern of an individual's life.

27 The potential range of intensities
28 from trivial to severe, is well illustrated by the
29 different shades of psychological dependence upon
30 cigarette smoking.

Studies carried out in our Foundation and elsewhere, show that heavy users of various kinds of drug include a high proportion of emotionally vulnerable or ill people with limited resources for coping with problems of interpersonal relations in everyday life.

Such people tend to be multiple drug users, and their behavior illustrates well the difficulty of legal measures aimed at controlling the use of individual drugs. Failure to recognize the importance of individual vulnerability in relation to drug use may explain, at least partially, the existence of markedly disparate legal sanctions against the trafficking in, and possession of, drugs which are used in a very similar manner, and often by the same people.

It is a reasonable speculation that legalization of marijuana would not reduce the use of LSD, amphetamine and other potent drugs, because the emotionally disturbed heavy user may not find marijuana sufficiently effective for his purposes.

The Indian Hemp Drug Commission of 1894 pointed out that even in India, where cannabis had been legally available for a long time, the very heavy users tended to mix it with datura, and other drugs, because they no longer found cannabis preparations alone sufficiently potent.

It is important to note also, that social attitudes with respect to a drug play an important role in determining the extent of use, and the composition of the using population. In the case of smoking, or drinking, a smaller proportion of heavy users are

1 emotionally sick people, than is the case with illegal
2 drugs such as LSD and hashish. This is partly because
3 illegality of a drug itself constitutes a selective factor
4 which deters many of the less disturbed people from using
5 it.

6 In addition, the more seriously dis-
7 turbed people may well prefer more potent drugs (which
8 are generally obtained illegally) to meet their require-
9 ments. Therefore, the legalization of cannabis would
10 probably increase the total number of heavy users by
11 adding a social stimulus to its use; this would have the
12 effect of diluting the present group of heavy users with
13 a new group of less disturbed, or less vulnerable people.

14 Economic and Social Consequences of
15 Dependence: Psychological dependence on a drug, carries
16 with it certain economic and social consequences of the
17 fact that the user devotes a higher proportion of his
18 total activity to the obtention and use of the drug. A
19 drug which is obtained through illegal channels is
20 generally more expensive than the same drug obtained
21 through licit medical sources. Therefore, a user who is
22 dependent upon it, and must obtain it illegally, must
23 devote a greater proportion of his activity to getting
24 money for the drug, and it is therefore, more likely
25 that some of his activities will be criminal.

26 The classic illustration is the
27 criminal involvement of the heroin addict. In addition,
28 if the degree of dependence is such that the user must
29 be under the effect of the drug during a large part of
30 the day, his other activities, such as employment and

1 non-drug recreational activity may suffer.

2 The likelihood of this obviously
3 varies with the drug in question, the strength of the
4 dependence, and the normal activities of the dependent
5 person. For example, a business man may be slightly
6 under the influence of alcohol all of his waking time,
7 and yet continue to work more or less effectively, while
8 an airline pilot obviously could not do so. With LSD
9 which induces gross distortions of perception, and of
10 related emotional responses, it is obvious that the
11 user could not continue to carry out normal activities
12 at the same time. Low doses of amphetamine, as already
13 noted above, enhance performance in various ways, while
14 larger doses, particularly at the level of early or
15 established psychotic symptoms, will clearly impair the
16 performance of normal activities.

17 One consequence of drug dependence,
18 which is of particular importance in adolescent users,
19 is the question of emotional and intellectual maturation.
20 The process of maturation involves learning how to cope
21 in a realistic way with the challenges and frustrations
22 which one encounters in every day life. It has been
23 suggested that adolescents who learn to circumvent dis-
24 pleasing situations by the use of drugs, will not learn
25 the necessary mental and emotional adaptations which they
26 require for effective interpersonal relations.

27 This seems to be an eminently reason-
28 able suggestion, and if it is correct, the consequences
29 could be among the most detrimental for society, if
30 widespread drug use becomes an established pattern of

1 adolescent behaviour. However, we are not aware of any
2 actual study in which groups of otherwise comparable drug
3 users, and non-users, have been observed over a period
4 of several years of transition from adolescence to adult-
5 hood.

6 Finally, it is probably accurate to
7 say that, in general, progressively greater drug intake
8 will also carry with it progressively greater risk of the
9 ultimate development of physical adverse effects, which
10 have already been noted in Section III.

11 The next major question, is the
12 Evaluation of Beneficial and Harmful Effects, and the
13 first is the Value Judgment in the Classification of
14 Drug Effects.

15 As we have already noted in the
16 introduction, the classification of any drug effect as
17 either beneficial, or detrimental, depends on the scale
18 of values of the person doing the classification. A few
19 examples will make this readily apparent. The enhance-
20 ment of sensual pleasure of sexual activity by marijuana
21 or the prolongation of sexual activity by amphetamines,
22 are regarded as harmful by those who regard sexual
23 activity, especially extramarital sexual activity, as
24 intrinsically evil.

25 In contrast, the hedonist may well
26 regard the same actions as beneficial. The decrease of
27 tension and disinhibition of emotional expression pro-
28 duced by alcohol and by marijuana, are generally regarded
29 as beneficial, if they give rise to social conviviality,
30 but the same actions are regarded as harmful if they

1 release aggressive behaviour giving rise to fighting, or
2 crime. Yet even this unmasking of aggressive behaviour
3 may be considered beneficial where the circumstances
4 require such behaviour, as in war.

5 The apathy and loss of interest in
6 work which has been attributed by some observers to the
7 chronic use of cannabis, are regarded as harmful in
8 countries such as India or Egypt, in which hard work is
9 required for the economic improvement of society. The
10 same effects are considered praiseworthy by dissenting
11 members of our own society who consider that we have
12 become ~~excessively~~ ~~dominated~~ by material ambition and
13 work routine.

14 One may even speculate that in a
15 future society where automation might conceivably render
16 work a largely unnecessary activity, the reduction of
17 competitive behaviour by drugs, could be considered
18 socially beneficial.

19 Epidemiological Studies of Dis-
20 tribution of Drug Use: Even if all observers could agree
21 on a uniform scale of classification of various drug
22 effects as beneficial, or harmful, there would remain
23 the problem of estimating the total extent of the good
24 and the harm resulting from the use by society of any
25 particular drug.

26 It is interesting, that despite the
27 very substantial differences in the pattern of alcohol
28 use, for example, in such countries as Finland, Canada,
29 and France, epidemiological studies have shown that the
30 character of distribution of alcohol consumption in all

1 three countries, is quite similar. It is impossible to
2 divide the population into distinct groups of normal,
3 and abnormal, users.

4 The curve of distribution shows a
5 continuous spread from a very large proportion of very
6 moderate users at one end, to a very small proportion of
7 extremely heavy users, at the other end. An increase in
8 degree of acceptance of alcohol use, or an increase in
9 its availability by virtue of lower price relative to
10 income, results in a shift of the whole distribution
11 curve towards the heavier consumption end. Thus, anything
12 which increases total use by the population increases
13 also the proportion of heavy users, including the pro-
14 portion of those who use enough to suffer organic
15 damage.

16 Unfortunately, there is not yet
17 enough valid evidence to establish the pattern of dis-
18 tribution of use of other drugs. However, there is some
19 scattered evidence which suggests that it will prove
20 similar to that for alcohol. For example, it has been
21 estimated that prior to the passage of the Harrison Act
22 in the United States, there were over a million people
23 dependent upon tincture of opium. With severe restriction
24 of the sale and prescription of opiates, the number has
25 decreased markedly.

26 Information on cannabis is extremely
27 sketchy and inadequate. Although the drug has been
28 legally available in India for many, many years, India
29 does not provide a good example of the consequences of
30 socially accepted use, because social and religious dis-

1 approval, in that society, meant that less than one per-
2 cent of the total population, use the drug regularly,
3 and far less than one percent can be considered heavy
4 users.

5 In Morocco, however, where for a
6 time the sale of cannabis was not only legal, but was
7 carried on by the government-run tobacco monopoly, the
8 distribution of cannabis use in the population appears
9 to have been not unlike that of alcohol use in other
10 countries.

11 There are even reports of extremely
12 heavy and socially deteriorated users of cannabis in the
13 slums of the large cities, comparable to our own skid-
14 row alcoholic population. The survey data on high school
15 drug use in Toronto and London, Ontario - while by no
16 means enough to permit a definitive conclusion - at least
17 suggest that the incidence of heavy use of drugs is
18 correlated with the extent of total use by the group.

19 All of this evidence point out two
20 things clearly. First, there is a need, and a very great
21 need, for sound epidemiological studies of the use of
22 different types of drugs in different populations,
23 including studies in other countries where the use of
24 such drugs as cannabis by a substantial number of persons
25 has been relatively stable for a considerable time.

26 Second, legalization of any drug can
27 be expected to change the pattern of distribution of its
28 use markedly, and therefore to render invalid any estimates
29 of use and of damage based on a study of illicit use in
30 the same society.

Since governmental decisions in such matters can not be based primarily on objectively definable criteria, but must take into account subjective value judgments, it is important to recognize what factors determine the relative weightings which are given to the various components of a total picture, regardless of whether these are independently judged to be beneficial or harmful. This question has been analyzed in detail by Goode. It is probably fair to say, that in general, in our society, we prefer that which we -- with which we are already familiar. This perhaps

1 explains the tendency of many people, including many law
2 enforcement authorities, to prefer the harms and dis-
3 advantages arising from the use of known substances, such
4 as alcohol and barbiturates, to those possibly arising
5 from the use of as yet unfamiliar substances, even though
6 no quantitative comparison has yet been made between them.

7 There is a question of the Individual
8 Freedom Versus the General Good:

9 When all these problems have been
10 passed or solved, there remains two basically different
11 approaches to the question of governmental control of
12 potentially harmful substances, which are at the same
13 time potentially pleasurable, or beneficial. The first
14 approach, is to maximize individual freedom, and to
15 direct governmental action towards helping those who
16 fall victim to their own inability to use the substances
17 wisely.

18 The second, and opposite, approach,
19 is to introduce protective legislation restricting the
20 availability and freedom of use of drugs, so as to
21 protect the more vulnerable members of society, even at
22 the price of some limitation of the freedom of action of
23 the less vulnerable members.

24 There are numerous instances of both
25 types of approach. For example, the most important
26 cause of adult mortality in North America today, is
27 cardiovascular disease, including hypertension and
28 atherosclerosis, in which high intake of saturated fats
29 is believed to play a very important aetiological role.
30 Yet the government has not chosen to set maximum legal

1 limits, of fat content of dairy products and other foods,
2 nor to attempt to set legal limits, by rationing or other
3 means, on the maximum caloric intake of any citizen.

4 This would rightly be considered an
5 indefensible and totally impractical interference with
6 individual freedom, even though it might be medically
7 beneficial to a large segment of the population. Similar-
8 ly, most scientists now accept as valid, the epidemiologic-
9 al evidence indicating a causal role of tobacco smoking
10 in the production of cardiovascular and bronchopulmonary
11 disease; yet the government has not attempted to forbid
12 the sale or use of cigarettes.

13 In contrast, the chlorination and
14 fluoridation of public water supplies, obligatory
15 vaccination for international travellers, and regulations
16 concerning the permissible methods of sewage disposal,
17 have all been initiated or controlled by legislative
18 action, even though in many instances substantial portions
19 of the public have been opposed to one, or the other,
20 measure.

21 Examples of the difficulty in deciding
22 between these approaches with respect to drug control,
23 are also available in other countries. In the Yemen and
24 certain other portions of the Middle East, the use of
25 khat is widespread. The regular use of this amphetamine-
26 like drug tends to cause serious malnutrition, a high
27 incidence of tuberculosis due to lowered resistance,
28 impaired economic productivity, and hardship to the
29 families of the users, because they spend a large
30 proportion of their meagre total income in the purchase

1 of the drug. Yet the government has not been able to
2 abolish or restrict its use, because in the eyes of the
3 populace, the pleasure derived from the taking of khat
4 is more important than its harmful effects.

5 The argument is sometimes advanced
6 that the governmental intervention should be restricted
7 to those types of activities in which harm is caused,
8 not only to the individual himself, but to those around
9 him. Yet it is obvious that this principle is impos-
10 sible to apply strictly, and in practice it is not
11 followed.

12 For example, it is illegal to attempt
13 suicide, even if no one else can be shown to be directly
14 affected. Moreover, the restrictions on speed of driving
15 an automobile on the highway, apply equally whether one
16 is driving on a crowded highway, or on a completely
17 empty one, where no one else could possibly suffer from
18 an accident incurred by the driver.

19 Consequences of Governmental Decision:

20 Both types of decisions carry with
21 them, obligations and problems, which the government will
22 be required to face in dealing with the subject of wide-
23 spread drug use. If the first approach is followed, there
24 will be an obligation of society to provide help for the
25 increasing numbers of heavy drug users who suffer
26 physical or psychological damage, as a consequence of
27 drug use. Depending on the pattern of evolution of
28 urban society, increasing permissiveness, changes in
29 the goals and values of some groups, and greater
30 amounts of leisure time for others, may cause a larger

1 and larger proportion of the population to use drugs,
2 with a consequent increase in the frequency of heavy
3 use.

4 Serious thought, therefore, must be
5 given to the provision of adequate treatment services
6 for those who require them, or to attempts to reform
7 society in ways which will result in less inducement to
8 use drugs excessively.

9 Now, if the second of the very
10 restricted approach is to be used, it will be incumbent
11 upon the government to devise a method of restricting
12 drug use which is more effective than legal prohibitions
13 have appeared to be up to the present.

14 In China during the 1920's, the
15 banning of opium was relatively successful because an
16 autocratic regime, using drastic punishments, had
17 sufficient power to enforce the ban. If comparably
18 severe measures were required to prevent excessive drug
19 use in contemporary North American society, there would
20 be real difficulty in assessing whether the benefit of
21 such measures outweighed their harm, as judged by the
22 ethical standards of a democracy oriented towards
23 individual freedom.

24 For example, present legislation
25 provides for criminal convictions for possession of
26 marijuana, or possession of amphetamines for purposes
27 of trafficking (an offence committed mainly by persons
28 who are themselves, heavy users of amphetamines).

29 It has already been pointed out that
30 prison sentences for offenders may provide the link with

1 narcotic addiction. Conviction automatically deprives
2 the offender of certain future opportunities for employ-
3 ment, and of freedom of movement to some countries. No
4 thorough study has been made of the effects of these
5 deprivations upon the later well-being of the affected
6 person, or his subsequent relations to society. It would
7 be safe to assume that the harmful effects would be
8 considerable, yet these factors should be taken into
9 account, if governmental action is to be based on as
10 complete an evaluation as possible, of the beneficial
11 and harmful effects of drug use.

12 In conclusion, Mr. Chairman, in the
13 ideal case, legislative action concerning non-medical
14 use of drugs, is based on two processes.

15 The first is a scientific assessment
16 of all available evidence about the complete range of
17 effects, the extent and patterns of use, and the factors
18 affecting these.

19 The second, as I have indicated, is
20 a series of value judgments, involving the categorization
21 of drug effects as desirable, or undesirable, and
22 assignment of relative importance to them, and the
23 estimation of social and political feasibility of
24 proposed governmental action.

25 Scientific information is relatively
26 abundant, and reliable with respect to certain drugs,
27 and some of the questions mentioned, but seriously
28 deficient, the information is seriously deficient with
29 respect to others. Pharmacological, behavioural and
30 epidemiological studies are fairly extensive for alcohol

1 and to a lesser degree, for opiates, barbiturates, tran-
2 quilizers and amphetamines. Much less is known about
3 cannabis, and the various hallucinogens.

4 For example, such fundamental
5 pharmacological information as dose-response curves for
6 the effects of cannabis, LSD and other hallucinogens, is
7 extremely scarce, especially with respect to physiological
8 and psychological functions in man. Such practical
9 questions as their effects on the psychomotor skills and
10 the motivational factors involved in automobile driving,
11 and the effects of combination of cannabis with alcohol,
12 require much careful experimental studies, but most of
13 the questions concerning physical, mental and social
14 effects of long-term heavy use of these drugs are still
15 not satisfactorily answered.

16 Perhaps even more important, are the
17 deficiencies in epidemiological, social and anthropologi-
18 cal knowledge. Analogy with the example of alcohol
19 suggests that legalization of the use of any drug is
20 likely to increase the extent of its use and, *pari passu*,
21 of heavy use. Yet accurate predictions of the size of
22 such increase are virtually impossible, because so
23 little scientific information has been obtained so far
24 as to the extent, patterns and distribution of use of
25 drugs, which are presently illegal.

26 Except for psychiatric studies of
27 small groups of heavy users (usually multiple drug users)
28 very little investigation has been possible of the causes
29 or motives, of moderate use of cannabis and other drugs
30 by people who are apparently functioning effectively in

1 society.

For these reasons, it is not yet possible to provide the first of the two bases for ideal legislative action concerning the non-medical use of psychotropic drugs. In the absence of reasonably complete information, it is also manifestly impossible to assign subjective values and draw up a balance of total benefit versus total harm resulting from any given pattern of drug use. Therefore, any present proposals for major changes in legislation would have to rest heavily on an assessment of current public attitudes and political exigencies.

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1 Such action could not be defended on the grounds of
2 scientific evidence, but would in itself offer an oppor-
3 tunity for one of the largest social and medical ex-
4 periments yet undertaken.

5 THE CHAIRMAN: Thank you very much,
6 Mr. Archibald.

7 We propose that we will adjourn at
8 noon to go to the University of Ottawa, and I would hope
9 that you and your colleagues could be available this
10 afternoon for a discussion with us.

11 MR. ARCHIBALD: Yes, Mr. Chairman.

12 THE CHAIRMAN: We would thank you.
13 At two-thirty.

14 In the meantime, we do have about
15 twenty minutes and I should like, if I may begin our
16 discussion of this very carefully prepared submission
17 for which we thank you very much.

18 You have suggested and defined the
19 issues to some extent, but more importantly, the im-
20 mediate purposes suggest the nature of the decision --
21 decisions facing those concerned with this problem at
22 the present time. One of the difficulties that has been
23 made quite apparent to us in the course of our inquiry
24 so far, and which does not receive, perhaps, too much
25 emphasis in your submission, but perhaps there are
26 reasons for that, is the alleged social cost and our
27 present legal treatment of this problem, I suppose of
28 all the impressions we have received, as I say, from
29 what we might call the general public, and so I am frank
30 to say, in any definition or any decisions facing us we

1 feel we must regard as a possible definition the
2 balancing of the alleged social cost or adverse effects
3 of the present legal treatment of this phenomenon against
4 what we are able to -- against the ascertainable harm,
5 sort of, in the long run of the use or abuse of each of
6 the substances.

7 Now, perhaps that is to some extent
8 implied in your definition or decision. I wonder if I
9 could have the benefit of your thoughts on that?

10 MR. ARCHIBALD: Well, clearly, Mr.
11 Chairman, this is one of the major factors you will have
12 to take into consideration -- is the evaluation and the
13 determination or the extent or the hazard -- hazard to
14 society in Canada -- social benefit.

15 THE CHAIRMAN: Could you speak more
16 closely to the microphone?

17 MR. ARCHIBALD: I am sorry.

18 THE CHAIRMAN: I think we have to
19 speak more closely.

20 MR. ARCHIBALD: Well, as we have
21 pointed out, no data -- and this has to be evaluated
22 in the value structure, and, are you asking me to
23 comment personally?

24 THE CHAIRMAN: On the definition of
25 your decision, I mean, the importance, at this time, that
26 you would assign to this question of the social cost and
27 the present legal treatment.

28 MR. ARCHIBALD: It would be consider-
29 able. It is a considerable factor in the process of a
30 decision. I think we indicated earlier in other areas

1 a real social importance of this phenomenon, to have
2 more scientific inquiry.

3 Now, be that as it may, we now find
4 ourselves in a position where we have, not a laboratory
5 situation, but we have a very definite vivid social
6 situation in which we are, of course, attempting to
7 estimate this, but, certainly we have received a strong
8 impression that a significant view -- for Canadians
9 are present, for social control (inaudible).

10 Now, what in these circumstances, is
11 it reasonable for us to ask of science; what, in fact,
12 what have we -- what is it reasonable to wait before we
13 feel we are justified in making some decision -- in the
14 situation -- (inaudible) -- such dynamic elements, and
15 factors which are not in your brief but factors which I
16 might describe as possible political or cultural conflict
17 in the dimension?

18 You see, in other words, I am concerned
19 about a further definition of the problem or challenge
20 of decision at this time in the present context.

21 Yes, Doctor?

22 DR. KALANT: If I could make a further
23 comment, we are fully cognizant of the problem you have
24 mentioned. It is a fact dealt with, admittedly, briefly,
25 in the final paragraph of the brief. The point that
26 we have attempted to stress throughout is that one should
27 not evaluate the present harm resulting from the legal
28 status of marijuana against the present perceived damage
29 resulting from its use. What we are suggesting is the
30 change in legal status of the drug will need to introduce

1 a totally new set of things which should be weighed
2 against the present harm. Now, the difficulty is in
3 assessing what these new problems will be. We can
4 appreciate the dilemma of the government and of your
5 committee recommending to them the problem of seeing the
6 present evil and yet not knowing what to compare it with.
7 We have perhaps implied this in one word which is a bit
8 debatable, and that is the term "major" referring to
9 major changes. This is a bit of a dodge, of course,
10 because it depends on how you define "major". What we
11 have considered before in the policy statement of the
12 Foundation is that on purely scientific, and this includes
13 social scientific grounds, we can see no apparent benefit
14 resulting from criminal proceedings against users of
15 these drugs; but what, I think, we have implied in using
16 the term "major" is the difference between removing the
17 present criminal charges laid against users as opposed
18 to legalization of the drugs. We feel that alleviating
19 the present situation with respect to criminal charges
20 would probably be defensible on any ground of priority.
21 We feel, however, that legalization of the drugs would
22 introduce a whole new set of considerations that cannot
23 be evaluated.

24 MR. STEIN: Could I ---

25 THE CHAIRMAN: Excuse me. Yes, Mr.
26 Archibald?

27 MR. ARCHIBALD: I was just going to
28 say, somewhat off-hand, Mr. Chairman, that I suppose
29 one option that the Commission may have open to it at
30 the present time, and this I am not sure of, of course,

1 | would be simply to request a moratorium on criminal
2 | procedures with respect to possession and use of cannabis
3 | preparations, or cannabis derivatives, and to study these
4 | things over the next year or year and a half that remains
5 | for the Commission on the effects and patterns of use
6 | and the effects on ---

7 | MR. STEIN: One of the problems, if I
8 | understand the point you are making, it seems to me, is
9 | that consideration of removing the criminal sanctions
10 | without consideration of what you have referred to as
11 | "legalizing" the use of the drug, still leaves us in
12 | effect, an underground situation, I think, where the
13 | question of dosage, purity, amount, even the question of
14 | the setting still retains all of the, I think, scientific
15 | dilemmas of any sort of accurate assessment of effect.
16 | Would that not be your feeling?

17 | DR. KALANT: That would be our view
18 | exactly. This would be based on an ideal experiment and
19 | it would be very difficult to arrive at a definitive
20 | conclusion as to the effect on prevalence of both bene-
21 | ficial and harmful use.

22 | MR. STEIN: If one were to merely
23 | remove ---

24 | MR. POPHAM: This is why Dr. Kalant
25 | mentioned, when we speak of an experiment, we mean from
26 | a cold blooded scientific point of view, it would be
27 | very interesting and this is indeed what would happen
28 | with a situation of complete legalization. This is ^{the} same
29 | degree of legal and social acceptance as you have in the
30 | case of alcohol.

1 MR. STEIN: Control; in other words,
2 regulation.

3 MR. ARCHIBALD: Purely scientific.

4 MR. CAMPBELL: Leading from this, is--
5 perhaps a moratorium, perhaps a factor ultimately of
6 legalization. Is there an effective way back, or, if you
7 move the moratorium approach in any of the variance in
8 that theme that exists, can you, in fact, hope to move back
9 to either the present position or some similar position?

10 MR. ARCHIBALD: Well, Morocco did.
11 I suppose there is a similar type of thing in England at
12 the moment with respect to the death penalty.

13 MR. CAMPBELL: Yes.

14 MR. ARCHIBALD: Well, in fact, there
15 is a clear indication that -- and this was a trial. I
16 would be inclined to admit that the problems with respect
17 to the moratorium in this area were considerably more
18 complex.

19 MR. CAMPBELL: I don't think I can
20 accept the death penalty now, because the death penalty
21 affects a very small number of people and there isn't
22 a voluntary element. The Moroccan thing, though, might
23 be interesting. Is it well written up, the problems that
24 occurred when they did that?

25 MR. POPHAM: No, it has not been
26 adequately studied, and as far as I know, no one -- I
27 suppose some Moroccans, but they haven't made it clear,
28 are aware of exactly why the government marijuana
29 monopoly was closed down. There are many reports of all
30 sorts of social problems: destitution, poverty, crime,

1 aggressive acts, cannabis head of alcohol
2 cannabis skid row, sort of an alcoholic skid row, cannabis
3 psychoses that have been attributed by various Moroccan
4 writers, to cannabis, but, as was pointed out in the brief,
5 the data are very often suspect. This is an area that
6 probably deserves very close investigation if it could
7 be done without practical difficulty, but I think one can
8 safely assert that it is not clear really why the legali-
9 zation was stopped.

1
2 MR. POPHAM: There are other papers
3 listed in the documentation.

4 MR. CAMPBELL: Could you let us have
5 a list of the principle papers, referring specifically
6 to this question of the intoxicance of illegalization and
7 delegalization. I would like to thank you for that word
8 cannabolism.

9 MR. POPHAM: If I said that ---

10 MR. CAMPBELL: Cannabolism and
11 marijuana is totally unpronounceable.

12 MR. ARCHIBALD: Not cannibalism, that
13 is quite a different phenomena.

14 DR. LEHMANN: I wonder if I might
15 ask a technical question, perhaps to that. To provide in
16 the short time the Commission will have, another year
17 or so, as much scientific evidence as is possible: What
18 for instance, could in your opinion, be done? You
19 mentioned three, and I quite agree that with these three
20 main problems, in your conclusion, those affecting and
21 those response curves, for instance, for cannabis, LSD
22 and other hallucinogenics. Could they be reliably
23 established within a year, let's say, and the, well,
24 very likely effects on driving, and I suppose that would
25 almost certainly be possible to do.

26 What about the physical, mental and
27 social effects of the very heavy use of LSD on the
28 Commission for a long time. How long would a long time
29 use be; one year, five years, ten years, and how many
30 users would have to survey; a thousand, a million,

1 keeping in mind that for instance, the contraceptive pill.
2 It has taken millions of users, and about ten years to
3 find, really, what is going on with long term effects.
4 Have you any particular answers to these questions?

5 MR POPHAM: I think my answers are
6 already implied in the remarks you have made in person.
7 The question: As far as the acute pharmacological actions
8 are concerned, yes, it would be perfectly feasible with
9 any interest to establish the response relations, for as
10 many of these drugs, and with respect to as many relevant
11 physiological and psychological measures, or functions,
12 for which there are presently available recognized
13 methods.

14 The problem, I suppose, would be
15 to interest enough investigators to do these, on a basis
16 of a certain amount of urgency, to provide adequate
17 information. But technically there is no reason why it
18 wouldn't be possible.

19 On the other hand, the long term
20 effects would be very much more difficult to assess, and
21 I think almost by definition, could not possibly be
22 gauged in a year. One of the commonly asserted long-term
23 effects with which any society has reasonably to be
24 concerned with, is perhaps the claim, or the allegation,
25 that long-term use results in both physical and behaviour-
26 al deterioration, to the point that the user becomes
27 unable to look after his own needs, and those dependent
28 on them. How long that long-term use is, whether or not
29 this is true, all of this type of thing requires a very
30 much longer period of observation than would be possible

1 within the balance of the function of this Commission.

2 But one can assert for example,
3 such experimental evidence as there is, and it is
4 admittedly pretty poor, does suggest -- the people --

5 by -- that within a
6 period of within thirty to forty days of regular use of
7 high doses of marijuana and the synthetic (hydrohexol)
8 there was a loss of interest, loss of motivation, apathy
9 in a majority of subjects, which did -- could conceivably
10 be related to this social phenomena. When one examines
11 the social phenomena in these social settings, such as
12 in Morocco, there is a very legitimate question whether
13 or not the apathy, loss of interest, the degeneration and
14 so on, are really as a result of the effects of using
15 a drug, or whether they are the result of the social
16 setting in which the users are trapped, and which may be
17 a cause of the use of the heavy drugs, so that one can
18 not extrapolate from the experimental observations to
19 the social conclusions, and I think for the latter, you
20 probably, if you take the large scale tropological
21 and epidemiological studies, which would undoubtedly
22 require years.

23 MR. CAMPBELL: Are you undertaking
24 to do work in the foundation on those response curves,
25 and would it be available?

26 DR. KALANT: We are planning to
27 undertake some studies now. I don't think we could
28 pretend to undertake studies to define those response
29 formations with all of the relevant things with all of
30 the narcotics, but certainly we are planning to undertake

1 some in the very near future.

2 MR. CAMPBELL: What about the
3 driving question? What are the weaknesses of the studies
4 that have been made? Are you planning other studies?

5 DR. KALANT: That has not yet been
6 planned within the foundation, but a relative study would
7 be done. I think you are aware of the criticisms
8 of the one study which has been done?

9 MR. CAMPBELL: That isn't specifically
10 what I asked.

11 DR. KALANT: Yes, it is a very basic
12 flaw, in that the dose of marijuana used, was what the
13 users themselves/^{who}were all experienced with marijuana
14 describe it as a mild social high; whereas the dose of
15 alcohol being used was equivalent to eight ounces of
16 whiskey, taken by an average size man, in half an hour.
17 Well, this is like saying it hurts you less if you tap
18 yourself with your finger, than if you hit yourself with
19 a sledge hammer, and there is nothing particularly
20 valuable in that knowledge.

21 By the same token, the equipment
22 that was used, and the procedures used, there is no
23 reason why they could not have been used for a proper
24 study, and there are such techniques available.

25 THE CHAIRMAN: I think we should have
26 to adjourn now, and then we go to the University of
27 Ottawa. We will reconvene here at 2:30.

28 Thank you, gentlemen.

29 --- Upon recessing at 12:00 P.M.

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1 --- Upon commencing at 2:35 P.M.

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3 THE CHAIRMAN: Ladies and gentlemen,
4 we resume our hearings and pursue our discussion
5 with the representatives of the Addiction Research
6 Foundation --

7 I must say, on behalf of the Comm-
8 ission, that there has been a lot of work that has
9 gone into this brief, and it has been a very helpful
10 document, and we would like to, I think, pursue the
11 consideration of where we ought to go, scientifically.

12 We are in that awkward position
13 that I referred to this morning, of having apparently
14 run out of a good deal of time, of having fallen behind
15 in the requirements for research here, and we don't know
16 how much, really, time we have to make some decisions,
17 so we would like your views on what you think are the
18 important questions in research, to be asked; what is
19 the big research issues having regard to feasibility,
20 having regard to the old situation that we find our-
21 selves in, with respect to this question, the pressures
22 of time, available resources, what are the issues, what
23 are the priorities in terms of this?

24 DR. KALANT: Well in part, I think
25 the most important single issue for the behavioural
26 scientist, and I think it would be one of primary
27 importance to the deliberation of the Commission, would
28 be the epidemiological question of the character of the
29
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1 distribution of drug use, speculations about which form
2 part of the brief that we read this morning. It should
3 be stressed, I think, that these speculations perhaps are
4 at the level of a hypothesis that we have had in the
5 report, to a large extent, depend on reason and analogy
6 of what we have about the distribution of alcohol.

7 We feel quite confident that we now
8 understand this is distributed apparently, in quite
9 different societies, in the same way, and it has the very
10 important implication that any factor of which might be
11 devised to bring about a change in that consumption,
12 evidently has to bring about a change in total consumption
13 in order to affect that part of consumption which the
14 society is now apt to label as hazardous, which means
15 probably that at least at the moment with alcohol, one
16 can not fall back on the whole notion or excuse, in some
17 cases, that one must find ways whereby you can combat
18 the health problems associated with the consumption of
19 alcohol, without penalizing the so called social or
20 moderate user, who doesn't, as I say, pose any problems
21 for the community.

22 It seems you can not achieve any
23 substantial change in the prevalence of hazardous use,
24 without affecting total use.

25 Now we have argued that this dis-
26 tribution may apply also to other drugs. There is a
27 little bit, at the moment, of rather inadequate evidence
28 to suggest that it does apply, for example, to the use
29 of cannabis. In the epidemiological area, this is one
30 of the most important research issues, to try to establish

1 that whether or not in fact, the use of other drugs are
2 distributed in the same way as alcohol.

3 Now it will be difficult, if not
4 impossible, to establish this for drugs which are highly
5 illegal, such as cannabis, unless we are looking at it
6 as I said this morning, in a very scientific way, in
7 complete legalization to found the basis for an experiment
8 which you could study.

9 However, we hope, and have every
10 reason to expect, that we will be able to get the data
11 necessary, within the next year, I should think, to
12 determine whether or not similar types of distribution
13 holds for other types of drugs, drugs which are reason-
14 ably readily available, and commonly used in prescriptions;
15 drugs such as barbiturates, tranquilizers, and other
16 mood-modifying substances. But we have ^{to have} access to a
17 substantial body of data, and we think we might be able
18 to determine -- To determine whether the distribution
19 holds, or not, you have to know the dosage, the frequency
20 at which it is taken, the number of people who are doing
21 the consuming; you have to get this data in a highly
22 reliable form, to make this analysis.

23 THE CHAIRMAN: I wonder, do you mean
24 distribution in the moderate sense of use. That is with
25 your --

26 MR. POFFAM: I am talking about
27 starting with alcohol. We are talking about the dis-
28 tribution of alcohol in society, society chooses to
29 define a certain segment of the population, for example,
30 as alcoholic, or alcohol abusers, it is a label that is

1 applied to a person who generally consumes a very heavy
2 amount, and as a result of such consumption, suffers the
3 consequences, and we can label alcohol as such, and
4 wherever one is prepared to draw the line mathematically
5 does not make much difference. I can be said that this
6 segment of the distribution will increase if overall
7 consumption increases, and will decrease if overall
8 consumption decreases.

9 It is unlikely that we can influence
10 that segment without overall consumption. This, I think
11 would be extremely important, if it does in fact hold
12 for other drugs. Unfortunately, one of the drugs in
13 principal concern at the moment is cannabis, and I am
14 afraid that that is the one for which we are least likely
15 to be able to establish this distribution, at least with-
16 in the period the Commission has at its disposal.

17 We can,, however, -- I think, be able
18 to test it for at least those drugs, those mood-modifying
19 drugs, which are quite widely used, and are available
20 on prescription. It would, let's say, increase the
21 amount of evidence if it was found that the same dis-
22 tribution held for a number of other drugs in addition to
23 alcohol, and then we would feel very increasingly uneasy
24 to postulate that it did not hold for perhaps, any
25 psychological substance, including cannabis, but at the
26 moment, we only know for certain about alcohol.

27 DR. LEHMANN: Mr. Popham, we know
28 or it is generally accepted, that three or four percent
29 of alcohol consumers will be labelled alcoholics, or
30 will become what we call alcoholics. Now you just said

1 that you have, within the next year you will have more
2 information on the distribution pattern, the drug use
3 pattern, of barbiturates, mild tranquilizers and so on.
4 Would that mean that you would be able to provide some
5 similar figure, whether three or four percent of those
6 for whom the drugs are prescribed, would then become
7 dependent on it, or use it excessively.

8 DR. POPHAM: That would not follow
9 from this type of research. The distribution of alcohol
10 consumption merely tells you the number of people who
11 fall at or about, each, or any level, you care to select.

12 Now, how you decide what is a
13 hazardous level will presumably depend on other levels
14 of research. For example, in the case of alcohol, there
15 is a considerable body of evidence now, to show the
16 level of alcohol consumption at, or about which the
17 risks of, for example, liver sclerosis substantially
18 increases, and similar other conditions. If you define
19 alcoholism in terms of social medical and other problems
20 associated with consumption, it is possible to determine
21 the levels of consumption, that the people we label as
22 alcoholic, consume at, and that can be indirectly derived
23 from the curve.

24 But to do the same for other drugs,
25 such as tranquilizers, you would have to establish through
26 other grounds, specific studies of users
27 and through experimental studies, that in fact, constituted
28 hazardous consumption, and you would then be able to
29 estimate the presence of such persons.

30 What I speak of is only an epidemio-

1 logical level. We still have these two other levels of
2 research to enable you to draw lines on distribution, to
3 get at what you are prepared to regard as hazardous con-
4 sumption.

5 DR. LEHMANN: Would it be possible
6 within a year, to find out just what this proportion of
7 people is, who, after having been given a prescription of
8 tranquilizer, or barbiturates, let's say, for four or
9 five weeks, then become dependent on it to the extent
10 that they will have to get these drugs, and get them
11 without prescription, if necessary, or simply insist that
12 their doctors prescribe them for them, and so on.

13 So that, in other words, taking here
14 as the criterion, as it is often taken for alcoholism,
15 the absolute need for the individual, the psychological
16 dependence which is incapacitating, to the point of being
17 incapacitated if they don't get the drugs, would it be
18 possible then, since we know now that three-four-five
19 percent take alcohol socially, and if we then say pres-
20 cribed drug use of barbiturates would be equivalent to
21 the social use of alcohol, would we be able to arrive
22 at some sort of conclusion what the probable number, or
23 the percentage of those would be, who would have to go
24 on to the non-medical use because they become dependent
25 on it.

26 DR. KALANT: We are tossing-up here
27 to see who should try to answer this sort of question.

28 I think one would have to say no, any
29 epidemiological study of the type that Mr. Papham has
30 described would not give you that information.

1 What would be required in parallel
2 with this, is the study of the long-term consequences;
3 by long-term, I mean everything from months to years,
4 of use; what the long-term consequences are with respect
5 to both physical complications, and the overall modifi-
6 cation. The distributional curve in itself, would not
7 give you that information. That would have to be derived
8 independently from the studies of use, to see what sort
9 of changes are likely to go with what level of use.

10 Then, if at the same time, you have
11 a distribution curve of the pattern use, you can then
12 predict the -- for example for the case study -- what
13 example of the total using population are likely to get
14 into trouble, as any preselected type, according to your
15 quantitative relationship. This, Mr. Chairman, is a point
16 that I wanted to make before, but I think in parallel
17 with the epidemiological studies, I would feel that also
18 a very high priority would have to go to also experimental
19 and clinical observation, as physiological and behavioural
20 consequences of continuing use of different levels of
21 intake, because as we have pointed out in the brief,
22 most of this information is seriously deficient with
23 respect to drugs other than alcohol and the ones which
24 are generally used.

25 MR. STEIN: Could you comment on what
26 you may believe to be the factors in performing that kind
27 of research -- I'm sorry -- I was asking if you could
28 comment on what you may feel are factors that may affect
29 that type of research that you have just referred to, and
30 I understand you are undertaking this kind of project in

1 the near future, a direct experimentation with human
2 subjects.

3 The question is, what, if anything,
4 is the effect of the illegality of the law on the -- on
5 the attitudes, perhaps, of those who are the subjects,
6 and the whole question of being able to ascertain
7 scientifically, the physiological effects -- these are
8 the questions.

9 DR. KALANT: That is difficult to
10 answer with anything but conjecture.

11 MR. STEIN: Yes, I appreciate that.

12 DR. KALANT: I would think that our
13 most -- imperatively it has an influence on this, unless
14 both the investigators and the potential subjects can be
15 assured with complete confidence, that they are not going
16 to be charged for taking part in this.

17 Then, obviously, some people would
18 hesitate. I must say, from our own point of view, we
19 have not had any difficulty recently with obtaining
20 material, and in addition, unofficially, we have been
21 given some indication that human experiments will not be
22 looked on with disfavour.

23 But I think if your question is
24 directed to the broader point, if you want lots of
25 investigators to undertake reliable research in this
26 field in order to get on with reasonable speed, then
27 undoubtedly you would have to take into account the
28 influence of the law in aiding or deterring people from
29 getting interested in this type of research.

30 THE CHAIRMAN: I am a little bit

1 puzzled at this question of the proposed epidemiological
2 research. I notice that in the observations of your
3 brief, that a good deal of the research that is done
4 may be relatively useless as the basis for predicting
5 what might happen if, you say if, cannabis were legalized.

6 And we don't even have established
7 yet, any sense of excessive cannabis use. We have no --
8 that is yet to be considered. I mean, we don't have even
9 any established dose level, so how, or what, are we likely
10 to get of any value from further attempt of an
11 epidemiological character, such as you are describing?

12 I mean, are we just going to go through motions? We
13 don't have this social situation which we are trying
14 to forecast. We don't have it to establish dosage
15 free from constraints of law. What are we likely
16 to get out of it?

17 I just would like -- I can see the import-
18 ance of learning this, if we could, but what are the
19 prospects; what is the feasibility?

20 Now, we have to, you know, face what can
21 be done reasonably with the available resource of time.
22 We have to be able to distinguish between that, and
23 what might be different conditions.

1 -- I am not 100% sure how to answer you. From a purely
2 scientific point of view, we think that we are looking at
3 something really fairly fundamental with respect to
4 consumption behavior. It wouldn't surprise us if the
5 same distribution held for a great many types of so-called
6 chronic behavioral disorders and the behavior involved in
7 tea, food -- who knows? If one could establish this on
8 a general enough basis, you would not worry about trying
9 to re-establish it any time you happen to have a new drug
10 substance. That is really what I was trying to say before
11 in the first place. If we can show -- I think we have
12 a chance within a year or so, of showing whether it holds
13 for quite a number of substances. If it continues to
14 do so -- and possibly for some other types of behavioural-
15 al measures -- if it continues to do so, then we would
16 feel very strongly that it probably applies in the case
17 of cannabis or any other substance which one consumes
18 within a social context. Now are you saying then ---

19 THE CHAIRMAN: Yes, but what applies, I
20 mean what is excessive cannabis use? Do we know that
21 it exists at the present time, socially?

22 DR. POPHAM: Well, then you would have to
23 turn to another sort of data such as we were suggesting
24 in the brief. You probably are not likely to get very
25 solid data on that unless you can look at countries such
26 as Morocco or possibly some parts of India.

27 THE CHAIRMAN: Well, if that evidence --
28 I mean, do you have any confidence in its applicability
29 to Canadian conditions? I mean would you risk your
30 scientific reputation on reliance on that evidence;
the different cultural set up and so on?

1 MR. POPHAM: Well that depends on what
2 level of reliance you mean--if I first of all, am quite
3 convinced that consumption behaviour is distributable
4 in this way, and I secondly go to Morocco to see what
5 their experience has been, and I think further about some
6 of -- the application of some other analogies from the
7 alcohol field, I would then think I would have some
8 confidence in suggesting as quite well established what
9 is hypothesized in the review part of
10 that brief, the research review at the end; namely, that
11 there would be an increase in the number of heavy users
12 and that there would be heavy users of, in relatively
13 potent form, of an intoxicating drug; the active principle
14 of marijuana and what would happen under a fully legal
15 system, and that it would seem inevitable from the data
16 available on all other psychoactive substances, as well
17 as what you could get from other countries, specifically on
18 marijuana, that some of these heavy users would become
19 psychologically dependent on the drug with consequences
20 follow
21 that would -- from that, that the heavy chronic use
22 of smoking and things of this sort might very well lead
23 -- it's hard to think that it wouldn't lead, but there
24 is very good possibility that it would lead to organic
25 damage. You see, I think that -- one often talks about
26 the very mild forms of cannabis preparations that are
27 not uncommonly used in North America. Some of the more
28 powerful forms are too. I think it is well to remember,
29 drawing on analogy from the alcohol field, that some of
30 these forms are equivalent of near beer and might as well
not be talked about as drugs at all. If
you mean what do I think would happen with this kind of
thing, I think very little of importance would happen any

1 more than you have alcohol is the one near beer. But
2 I also think that nobody would be satisfied. In a legal-
3 ized system there will be a certain minimum and a certain
4 maximum potency and it will be selected by one process
5 or another, if it is not rendered available by the appropri-
6 ate distribution board, then the whole thing will fail
7 almost certainly.

8 THE CHAIRMAN: How would you go about
9 research without some -- without selecting at the outset
10 what would be an acceptable potency of concentration,
11 and who is to make that, on what basis is it to be
12 selected? If it is not selected what is the use of the
13 research?

14 MR. POPHAM: Well, one can use that
15 at two levels. Let's try it from the pharmacological.

16 DR. KALANT: I think the answer to
17 that follows ultimately from the establishment of the
18 response relations which I was referring to this morning.
19 If people use a drug because it produces a certain effect
20 which they desire, the first thing you have to do is
21 to find out how much is necessary to produce that effect
22 and what happens with progressively larger doses. Then
23 from the types of effect which show the majority of
24 the users want, you can establish quite easily what the
25 potency would have to be to provide the appropriate
26 doses and amounts which are convenient amounts to take.
27 This is simple to do, this poses no problems. The real
28 problem comes in the question which you were raising
29 before, what is it reasonable to expect to learn from
30 studies of populations of users; and you raised the

1 question of whether we would be able to take with any
2 confidence,
3 the information derived from studies in other countries.
4 I would like to emphasize here, if I may, that there is
5 a completely unwarranted attitude by some people, on the
6 part of some people, that anything which is learned in
7 other countries is irrelevant. This has been said by
8 some writers on the subject that whatever the effects of
9 a given drug may be in India or in Morocco, or what have
10 you, doesn't have any relevance to the North American
11 scene, because our nutritional state is different, our
12 society is different, and what have you. This, I think,
13 has to be rejected on pharmacological grounds. One can define
14 at least the physiological and medical consequences; at
15 certain levels of drug use, one can determine what
16 influencethings like nutrition may have on this, but
17 these are all subject to examination by clinical or
18 experimental observation. I don't suggest for a moment
19 that what applies in terms of social values or reasons
20 for use in Morocco may be the same or are the same as
21 they apply here, but I think you could certainly say that
22 use of a certain drug at or above a certain dose level
23 is likely to produce such and such complications. Then
24 that information would be transferable to the North
25 Americanscene and if you knew the North American pattern
26 of distribution and if you knew, as Mr. Popham said
27 before, that a similar pattern of distribution applies
28 in other countries, regardless of their social differences,
29 then you would have a valid basis for predicting what
30 level -- at least what proportion of users might run
into complications of any given type.

1 MR. CAMPBELL: Would the value of this
2 research not be somewhat lessened simply by the fact that
3 in most of these cultures, the number of various types
4 of drugs, as, I gather, rather -- we are talking of Morocco --
5 I don't know, but I assume we are talking of a society
6 where you have basically cannabis or cannabis and alcohol
7 as the two readily available drugs. We are not talking
8 here of a situation where there is ready availability of
9 acid and so on. Now, here we really do have a new
10 situation where we are not just talking about, say, a
11 progression from beer to whiskey, grass to hash, and a
12 thing that is beginning to intrigue me here; and I don't
13 want to go away from the line of question the Chairman
14 was on, but while this data may be useful; what would it
15 tell us about the possibility of continuing movements
16 of population, say, grass, hash, acid, /speed, heroin. And I
17 am beginning to wonder, and I would like your comment
18 on this simply as a hypothesis, that if you take a
19 social situation where you have a mythological vacuum,
20 an ideological vacuum, fairly high levels of alienation
21 and you inject into various different groups simply the
22 idea of "drug", or the idea of drugs, and they become
23 a rather significant theme for a life-style or a life-
24 pattern or where additionally they become a unifying
25 principle; is there a possibility here of an escalation
26 in drug use, partly in terms of the actual effects of
27 drugs, but also in terms of the social definition of
28 drugs, and hence where you might reasonably hypothesize
29 that there would be a / move of many people, say, to heroin, not
30 because there is any connection between marijuana use

use

1 and acid, and heroin, but simply because heroin is the
2 boss kick because the social definition of saying that
3 this is, in a sense, the ultimate, or that you have a series
4 of levels of drugs defined. The drugs are not only
5 defined as different but there is a hierarchy in the
6 evaluation.

7 Now, the basis for that hierarchy can be of
8 innumerable sorts. I know I am not phrasing this very well.

9 It is a question I am advancing as a hypothesis and I
10 would like you to comment on it if you feel you can. Is
11 there any positive approach that could be made research-
12 wise that would throw any light on it?

13 Is your silence because I haven't been
14 very articulate?

15 DR. KALANT: It might be better if we both
16 at this.

17 had a crack I will just lead off on this. I think the
18 existence already of a substantial group of users who
19 employ many drugs with some preference for
20 one or other, according to availability and gradation
21 of effects, suggests that your hypothesis may very well
22 have a lot of merit, that at least among certain groups
23 of users, given the conditions you indicate, that there
24 might well be a progression, other things being equal.
25 I think to try to apply to the present scene runs into
26 the problem that there are already certain cultural
27 values attached to, for example, the difference between
28 heroin and other things, which operates against a ready
29 progression for many users, therefore it would be hard
30 to visualize the society where you start with a
cultural vacuum as you proposed. I don't know how to

1 speculate what would happen.

2 MR. CAMPBELL: I'm not suggesting you
3 start with a cultural vacuum, I am suggesting you start
4 with the definitions/exist in society. While I grant
5 you there are negative aspects to heroin definition just
6 as there are negative aspects to speed definition, the
7 same characteristics that may be negative from one context
8 may be very positive in another. These negative things
9 can lead to the boss kick aspect of heroin for certain
10 individuals, and I think again, I hypothesize, and this
11 is enhanced, as a matter of fact, if you have an emphasis
12 on life-style on life at present if you have an emphasis
13 that is in some ways antagonistic to reason, that all of
14 these things might enhance the probability of this
15 hypothesis being valid.

16 DR. KALANT: The difficulty is if one
17 speculates without evidence it becomes very hard to know
18 which speculation is more reasonable. All I can refer
19 to is the study by Ball et al at Lexington and Dallas
20 which suggested that the progression is not a direct
21 pharmacological progression but a culturally determined
22 progression based on which groups the users got into, that
23 the link and partnership with people who were heroin users was
24 the basis for the hierarchy and since I know of only one study of that
25 type of comparable thoroughness, I can't really speculate
26 beyond that.

27 MR. CAMPBELL: Would you be willing to
28 go on the basis of your broad experience and speculate?
29 Obviously we are going without hard data. You are
30 going to have to do this just as much as we are. We

1 aren't going to have any factual basis for conclusions,
2 you say so in your report, it's obvious. So let's go
3 on the basis we haven't got that data. What makes sense
4 to you as an intelligent observer with a good deal of
5 experience?

6 DR. KALANT: As purely personal specu-
7 lation, Mr. Popham's and Mr. Archibald may very well be
8 different from my own, and again, it is a pure spec-
9 ulation that if a change in the legal status resulted
10 in greater availability of a number of such drugs, and
11 general use became wider, and the -- the segment which
12 we might define by some previous level as heavy users
13 increased, I would think this would probably increase the
14 chances in absolute numbers of some going on to use other
15 drugs as well. This is a speculation which I don't think
16 we can test.

17 MR. CAMPBELL: Mr. Popham?

18 MR. POPHAM: Well, I don't know
19 You said,
20 whether I can add very much. /accepting definitions as
21 they exist now, and I think it is abundantly clear that
22 a fairly negative attitude prevails among the majority
23 of the society with respect to the opiate derivatives,
24 especially heroin. One here is in our own little antho-
25 -pological study of Yorkville in Toronto, we found
26 attitudes towards the use of heroin that reminded one of the
27 which is rejected
28 establishment /by these people, and they are about as
29 negative or as vigorously negative as one had found of
30 a member of the Establishment, and inasmuch again, in
31 part reasoning by analogy from alcohol, we know
32 expressed
33 the level of acceptances is / both in public sentiments

1 and in the law, as a very strong influence on the
2 prevalence of use and the prevalence of hazardous use as
3 has been defined for alcohol. I would assume the same
4 thing /continue would to obtain in the case of your society,
5 and this makes -- well, you are postulating making
6 even heroin readily available.

7 MR. CAMPBELL: I don't think legal
8 availability has anything to do with my hypothesis at
9 all. There are simply enough drugs around. It doesn't
10 matter a damn whether it is inside or outside the law.
11 All I am really saying is, you have a population that is
12 not unified, doesn't have a sense of direction in life,
13 a meaning for life that derives from mythology or
14 ideology, that you have a vacuum of this sort of principle
15 for this population. You inject into that population
16 the idea of drugs and the idea of drugs becomes a
17 significant theme in the life-style or the life-pattern
18 of a population, and perhaps a unifying/ thing. You start with
19 any drug, and I don't think it matters very much where
20 you start as long as it is fairly low in whatever
21 hierarchy of definitions there is. Now, one way or
22 another heroin seems to end up on the top of the pile.
23 It's up on the top of the pile in terms of social
24 rejection, it's up on top of the pile in terms of danger,
25 it is also on the top of the pile in terms of effect in
26 part of this definition. That is simply where it is at
27 in the same way that speed is in the position of hierarchy
28 below heroin, but above cannabis.

29 Now, is there a move -- without any
30 pharmacological connection, is there simply apt to be a

1 movement to a higher position in the same way that some
2 people will move in cars and cars become a dominant part
3 of their life, that they will move from Volkswagens to
4 something else, to Jaguars, or whatever the top of
5 their pile is, whether it's a racing car or Rolls, or
6 other people may move / a hierarchy of whiskey simply by
7 starting out with some sort/and ending up with whatever
8 is now above Crown Royal, or whatever else.

9 MR. POPHAM: I would have some question
10 about some of your premises. Except in terms of
11 social definition, I / heroin is not at all the top of
12 the heap. I don't understand entirely what you mean by
13 that. It can be argued that barbiturates are much more
14 dangerous than heroin but heroin is just the one most
15 liable to physical dependence and this has already, I
16 think, been adequately demonstrated. Physical dependence
17 in itself, is not entirely important. So in that sense
18 I'm not sure it is on top of the heap, and I think
19 pharmacology would be rather important in terms of how
20 people sort themselves out or how they pick the kinds
21 of motives for using the hallucinogenic drugs such as
22 LSD and some of the others. The kinds of effects are
23 really quite different from those that you would get
24 from heroin and I assume the motivation very often would
25 be different and I think that there would be a sorting
26 out for potency of effects depending on the kind of
27 grouping that you started by postulating. If you put
28 it in philosophical and cultural terms and translated
29 it to psychiatric terms, you would probably have a group
30 that would be regarded as rather in need of treatment,
a fairly high

1 frequency of reasonably unstable people, and this is the
2 sort of person that one now finds in studies of committed
3 heavy users in these drugs, and there is probably a
4 minimum effect required and they would seek that. Now,
5 if they are not getting¹/from a mild form of cannabis in
6 some cases, or if they had accessibility, they would
7 move to heroin if that were giving them the kind of
8 effect that their particular disturbances or desires
9 required. Otherwise, it might be a drug of an entirely
10 different kind such as LSD.

11 THE CHAIRMAN: I would like to return,
12 we don't have too much time -- I would like to return
13 to this question of scientific outlook, if I might. We
14 understand this desire to keep^{doing}/the research, as much as
15 we can, learning as much as we can, but I persist with
16 the question as to what is felt to be essential -- what
17 you are holding up for any responsible decision of change
18 that could be taken and what is the expectation of
19 getting answers to these questions. Now, I take it that
20 the long term effects of cannabis use, if any, would
21 take more time and resources than we have at our dis-
22 posal certainly, and what on a short term do we not
23 know that is really significant, and inhibits responsible
24 decisions with/ to cannabis, assuming that it can be
25 looked at separately. I know that is a poor assumption
26 but assuming we can look on its own merits, what is
27 inhibiting responsible decision in the way of lack of
28 scientific knowledge on short term effects?

29 MR. POPHAM: Well if you insist on
30 looking only at cannabis -- I would have thought really

1 that the first step would be to establish whether that
2 is even really an important thing to focus on, how
3 important really is it if we confine ourselves exclusively
4 to scientific data and not permit ourselves to be
5 influenced by any sort of impressions. There are in-
6 adequacies in scientific data. Nevertheless, a number
7 of surveys have been conducted without bias. If there
8 are deficiencies they are inherent deficiencies in using
9 techniques like questionnaires. At least there is a
10 consistency in the results, which doesn't show us the
11 prevalency of marijuana use even when you ask a question
12 as general as, "How you ever used it?", and when you look
13 at frequency, one is not terribly startled by the
14 results, and I think one very important thing is to try
15 to tie down the epidemiology of this particular use to
16 see to what extent you are dealing with a very minor,
17 probably transitory kind of use. There are indications
18 from surveys in London and Toronto that it is just
19 possible that it is ^{age-}specific and we are going to do a
20 survey this year and I think it's a very critical thing
21 to do, and the gap should be filled as to what goes on
22 in the college, keeping in mind, and from the epidemio-
23 logist's point of view, it is a very small segment out
24 of the campuses and out of the small proportion of the
25 total high school population. On the other hand there
26 are indications of use of other sorts of drugs which
27 are very reminiscent of adult patterns. One, I would
28 ask myself to what extent we have been led astray by
29 the immense emphasis on the generation gap these days.
30 I should think that a very important kind of research

1 that could be done in a year or so, would be a study
2 of the importance of the fact of parental models of
3 on the use drug use by the young people, and we know virtually
4 nothing at the moment about what correlations exist
5 or do not exist between the kinds of attitude and above
6 all, use of drugs by parents and use by kids. One would like to
7 be able to look at all of these and it is not an impossible
8 thing to do. We have studies on adult use that show
9 some pretty distinct patterns and there are some sug-
10 gestions in these patterns that we see use for the
11 young. What we would like to do, of course, is cor-
12 relate it, we would like to have samples of drug use by
13 young people and we would like to know what their parents
14 do. That is something we would really like very much
15 to know.

16 Are these young kids who use barbi-
17 turates, are they kids with mothers who are also very
18 heavy barbiturate users, probably on prescription. But
19 we would like to tie these down. We tend not to think of
20 doing this sort of study because so many of us seem to have made up our
21 mind because there is a tremendous generation gap and
22 we are made up of two different worlds. But I don't see
23 the evidence of that attitude -- not very strong, except
24 in the case of cannabis, and I don't know why that is
25 really.

26 DR. LEHMANN: Would that mean that
27 such a study, for instance, of the parental use of
28 tobacco, alcohol, and so on, or excessive use of it,
29 might give us the basis for some estimate of the possible
30 number of excessive users of, let's say, cannabis, or to

1 come back to the Chairman's question, what at the
2 present time, realizing that it is impossible, maybe
3 impossible for a decade or so, for us to know scienti-
4 fically what the long range results will be of the use
5 of cannabis. Right now, the immediate dangers which
6 would have to effect any kind of change in legislation,
7 would have to be -- what are the immediate dangers?

8 Now, we do know there is apparently
9 not very much, not very many, adverse effects to moderate
10 use of smoking a few cigarettes of marijuana, but it
11 was also indicated in your brief, and known to be general-
12 ly acknowledged, that if cannabis would be absorbed
13 internally, for instance, in the form of hashish, taken
14 internally, and particularly if it would be mixed with
15 alcohol, and we have had in various private hearings and
16 so on, we have had evidence that youngsters will take
17 a whole gram of hashish and then take two or three
18 drinks on top of it to be stoned for two or three days.
19 Now, if they can do this now, expensive as hashish is,
20 and difficult as it is to get, is there any possibility
21 that you see now, to gauge how many people might do this
22 sort of thing, in other words, might make excessive use
23 of potentiated marijuana, such as hashish, and perhaps
24 using it with alcohol, and that, of course, would mean
25 an immediate danger.

26 Now, is this going to be a very small
27 minority or is it going to be a fairly sizeable number like
28 200,000 alcoholics in Canada, that is a pretty high
29 number. Would there be so many abusers, excessive users
30 of cannabis, if it were made available or more or fewer?

1 Any way of guaging this?

2 MR. POPHAM: Not really, I don't know
3 of any way really, to do that. Here the analogy with
4 alcohol would probably break down or you would suspect
5 it would, depending on how much culture change is really
6 going on, because, after all, alcohol has -- is a tradi-
7 tional drug of choice in the whole of the western world
8 pretty well. You are postulating, "What about a new one?"
9 Well, even if it were freely available it does not have
10 the profound symbolic functions that alcohol has for us
11 or the tradition behind it, it would be quite new. I
12 think if you could postulate that general use would go
13 up, a great many people/wouldn't touch it now. But I
14 don't think you can possibly safely hypothesize on that.
15 I'm not trying to be just a difficult scientist, but
16 I don't see that you can safely postulate that it would
17 be comparable to alcohol use. One would expect that
18 it wouldn't, simply because it does not have this
19 traditional role in culture.

20 THE CHAIRMAN: I'm sorry, Mr. Popham,
21 to return here, I'm not satisfied with the answer that
22 I have received to my question, which is, what should
23 we investigate with the use of marijuana, like marijuana
24 may be a transitory thing or relatively an unimportant
25 problem numerically. You see, in our perspective, if
26 I understood you correctly, the numbers do not determine
27 the relative importance of certain points of view which
28 are admitted this morning. I think that legal treatment
29 is involved insofar as individuals, a significant number
30 of individuals are subjected to this, it has a definite

1 importance. I do not understand you. We are looking
2 at all of these drugs with relation to adult drug use
3 and young drug use and I think we know that use of any
4 one of these, at least of marijuana, may be a minority,
5 but I don't understand the answer to my question: what
6 should be done scientifically if it is relatively unim-
7 portant?

8 MR. POPHAM: Well, I am only speaking
9 of it epidemiologically. There is only -- there
10 are other ways of looking at it where I have no com-
11 petence.

12 THE CHAIRMAN: What is the relevance even
13 of that answer, if it is unimportant epidemiologically?

14 MR. POPHAM: Well, let me tell you.
15 Professor Campbell raises the question of progression.
16 We look at parental models, and suppose we find
17 that really the important influence here is the paren-
18 tal model. Perhaps the excessive cigarette smoking fathers
19 -- I'm not using this as a hypothesis, but take it just
20 for the sake of argument -- are the ones who play
21 around with marijuana and others with amphetamines
22 because so does mommy or daddy, or the ones that use
23 barbiturates are really models of the mothers, perhaps
24 it is quite the other way around, it is a reaction. But
25 at least if you found that the parental model were the
26 important factor and our chances of establishing this
27 distribution are best for adults because here we can get
28 objective data because we know that this is what has got
29 to be influenced, if you wish, in whichever direction you
30 wish to influence drug use, you are going to shift
attention then to the necessity of influencing drug use

1 in general in society. This seems to be a very critical
2 issue to investigate.

3 THE CHAIRMAN: I agree. I was speaking
4 of the effects of cannabis

1 MR. POPHAM: You are thinking more
2 specifically of effects.

3 THE CHAIRMAN: I was talking about
4 the scientific assertion to effects.

5 DR. KALANT: In terms of research
6 and effects, I think that I would have to repeat that by
7 far the most important consideration in term of major
8 change in legislation, would be the longer term ones, but
9 if you wish for whatever reasons, to narrow the consider-
10 ation to short term effects, then I would say probably one
11 ought to -- one can begin within a very rough qualitative
12 way. We know already, that mild or moderate use of
13 cannabis is not a particularly dangerous thing in terms
14 of its acute physiological effects, but if we postulate
15 that legalization will increase the use, then I would
16 think that the most important single area of research
17 in short term effects, would be the sort of dose response
18 relations that will govern the ability of people to
19 drive automobiles, to handle machinery of any kind, to
20 run into acute physiological disturbances, and what the
21 interactions between cannabis and other drugs would be,
22 recognizing that much drug use is of mixtures, and not
23 just a single one.

24 I hate to see this taken out of
25 context as a particular area of research,
26 because if one looks only at this type of question with
27 respect to immediate legislative action, then I think
28 one is prolonging sort of patch-work approach that we
29 have had all along.

30 THE CHAIRMAN: That is not an unnecessary

1 assumption, but we all have our ways of going at things.
2 I can only absorb so much in relation to specific identi-
3 fiable issues, but I don't think it necessarily assumes
4 that we are taking a narrow focus in relation to others,
5 but we have to have a check list here, and we have to i-
6 dentify. We can't just be in the face of it, you see,
7 more research, and more research. It is highly complex.
8 We know this. Let us research definitely, and let us go
9 on and on And really, we have to identify priorities and
10 relative important issues.

11 DR. KALANT: I am making just this
12 observation, because you probably think we are being
13 evasive.

14 THE CHAIRMAN: No, I am not. I am
15 not making any suggestion. You are making an assumption
16 about the prospective which I am regarding.

17 DR. KALANT: We are just trying to
18 explain why we hesitate to pick out a single area or --
19 assigned priority within the field of short term effects.

20 THE CHAIRMAN: There was a gentleman
21 in the audience, and I know you are in a hurry to leave.

22 THE PUBLIC: Sorry, but like you have
23 put forth all these hypothesis.

24 THE CHAIRMAN: Would you use the
25 microphone please?

26 THE PUBLIC: It doesn't work. You have
27 been putting forth all these hypothesis like the
28 supposed correlation or progression between, let's say,
29 the grass and speed, like the progression or relation
30 between marijuana, hashish, heroin and so on.

1 Like, they are very different -
2 really different trips, so I don't know why you should
3 get mixed up with them. Basically, I think heroin is an
4 urban phenomenon, in that it is produced by the rat rate
5 trip, like people sort of evade -- wipe out on heroin.
6 smack. I know smack,
7 I have never tranked it/ I know heroin users, and like, it
8 is a whole different scene, and more than cannabis can
9 do to you, or alcohol. Alcohol is not the hang-up of
10 society; in the sense with respect to alcohol, you know,
11 back of our minds
12 at the/ you have seen how it ruins love, and you can
13 really get hooked up with it, and that we sort of carry
14 this over to other things which have nothing to do with
15 it, like marijuana.

14 The main thing is that both alcohol
15 and heroin are regression things, like you sort of
16 regress, you don't grow, and you don't do anything
17 mainly, you know, and you become, very, you know, a
18 vegetable, whereas grass sort of, you know, it is a groove,
19 you know, you can do something with it.

20 As for the immense, you know, the
21 implications as to civilization, would our machines work
22 "stoned", it is irrelevant, I don't think you should
23 dwell on that. The basic right, I still come back to
24 it, is how much of a stake is in an individual's right
25 so he can do what he wants with his own head, you know.

26 Like, people are wiping themselves
27 out on alcohol, you know, that's the pity, but it
28 doesn't change anything, because it stems from their
29 social status. They can't identify with anything except
30 booze, you know, like we are in a booze society,

1 everybody sees it, and it is changing, and it is hard
2 to change. Like the booze society has sort of coming
3 godown on the stoned society and the way-out is like
4 rapping it, like, I am not up against the ball or any-
5 thing, you know, basically.

6 THE CHAIRMAN: Mr. Archibald, I
7 must release you, Mr. Popham and Dr. Kalant, thank you
8 very much indeed for your assistance today.

9 I call on Mrs. Baart, the Canadian
10 Federation of Christian Ladies Society for Reform.

11 Mrs. Baart? Would you like to be
12 seated at the table?

13 Would you like to introduce the lady
14 who is with you?

15 MRS. BAART: Mrs. Benckhuysen.

16 Our Federation is a Federation of
17 Ladies Society, from the Christian Reform Church, and it
18 seems sort of strange to come up here, after all the
19 medical and scientific discussion we have heard since
20 Ours is such a different basis.

21 On behalf of the Canadian Federation
22 of Christian Reformed Ladies Societies, we have observed
23 the non-medical use of drugs, and would like to offer
24 our comments at this time.

25 Our Federation consists of approx-
26 imately twenty-four hundred women, who meet in groups
27 for prible study bi-monthly. This is fairly short.
28 Do you mind if I just read it?

29 The starting point in our consider-
30 ation is found in the words of our Lord Jesus, that love

1 is a fulfilment of the law of God, and if our obedience
2 can not be perfect, even if our obedience can not be
3 perfect, we have to make a beginning and work at it
4 seriously.

5 Love is a positive concept, and is
6 never only selfish while the use of drugs, whether depres-
7 sants or stimulants, is negative, in that it is a type
8 of withdrawal from the environment. Moreover, the drug
9 induced feeling of euphoria can only be shared by other
10 users, and the increased perception appears, upon return
11 to reality, to be a delusion since poetry and notes, etc.
12 conceived during a "high" are usually rather commonplace.
13 Therefore, under ideal circumstances, the use of drugs
14 has negative effects We only need to look at all the
15 headache caused by the monetary costs of it which necessi-
16 tated much petty crime, the loss of human dignity, and the
17 loneliness which is caused by the use as we see it now to
18 see that it severely detracts from the ability to obey the
19 law of love. We realize that much research remains to be
20 done, but in consideration of the presentation of new le-
21 gislation, we would like to recommend that the law be made
22 such that it can be enforced, and will deter the non-med-
23 ical use of drugs, including marijuana.

24 In the effort to control the present
25 situation, and to help those who have difficulties, we
26 would suggest that results from studies about the kind
27 of information needed by young users and their parents,
28 be made more public.

29 When it is found, for example, that
30 one of the things that most users have in common, is a

1 poor relationship with parents, or siblings, then the
2 government should make an effort to give this information
3 a place in press releases. In this connection, we want
4 to recommend that the Family Allowance mail, be used for
5 distributing information of this kind.

6 The positive feeling which accompanies
7 receipt of the cheque will make the information welcome,
8 in
8 and the effect of using this avenue a segment of the pop-
9 ulation which is usually difficult to reach, will also
10 be covered.

11 In order to inform teenagers, whose
12 knowledge about drugs seems vast, but one-sided, more
13 adequate information to these should be supplied through the
14 high schools, and then finally, we wish to encourage the
15 Minister of National Health and Welfare, the Hon. Mr.
16 Munro, in his effort to interest the nation in participat-
17 ory sports, since this is a healthy way out of boredom
18 and frustration, and into physical and mental fitness.

19 MR. STEIN: One of the statements
20 that you made, was regarding your feeling that there may
21 be indications of poor relationships in the family, if
22 there is excessive use of drugs.

23 Your first statement, though, pre-
24 ceeding that, if I heard it correctly, suggested that
25 the present law should be made effective and I wonder,
26 is it your view, that the criminal sanctions that exist
27 now, if they were made more effective, meaning that all of
28 the people who would use drugs were in fact -- or as
29 many as possible, were in fact apprehended,
30 do you feel that this would enhance the relationships in

1 the family? Am I making an unfair connection? Do you
2 get what I am getting at.

3 MRS. BAART: It is not really meant
4 to be that connection. We felt that if the law was less
5 severe with regard to drug possession -- well, I am not --
6 we weren't sure about trafficking, but at least about
7 possession, that say, reasonable fines, or short jail
8 terms would be made applicable, for practically all users,
9 that this would really deter the use of drugs, since we
10 find that even though it may not even turn out to be
11 physically harmful, say, for example the use of marijuana,
12 it is still the negative aspect of drugs which we would
13 like to go against.

14 MR. STEIN: Is it your view then,
15 that -- that has been raised, you heard perhaps today,
16 that the state should not legislate morals, and I take
17 it you are raising a moral consideration here.

18 Is it your view that the state should
19 then, be involved in this kind of legislation.

20 You talked about less severe penalties,
21 but you seem -- if, again I understand you correctly, you
22 do favour the state's role, in effect, legislating on the
23 moral issues for the individuals..

24 MRS. BAART: Inasmuch as it is
25 legislating in moral issues to keep the nation as healthy
26 and progressive as possible, with regard to crime and so
27 on, and we feel that this comes under -- this aspect of
28 drugs comes under the same -- if it is more a moral question,
29 yes, then I feel the state should be interfering.

30 MR. STEIN: One of the points that

1 has been made to us, is that there are a variety of ways
2 for the state to involve itself in this area of concern,
3 and it may be that the legislative approach is not a very
4 effective way of ~~making~~ people to make choices -- I mean
5 using this as a priority kind of a method, using the law, and
6 a deterrence to the law is not an effective way of per-
7 haps -- now I pause because it is the perhaps, what else,
8 might the state be involved in doing, that we are involved
9 in trying to look at, but that there are other ways for
10 the state to approach on this question.

11 Perhaps an example of this may be a
12 red herring, but the example of prostitution, suggestions
13 were made that one can set up venereal disease clinics
14 as a way of dealing with the health factor here, rather
15 than the matter of legislating against it. What I am
16 really questioning, have you considered, aside from the
17 legislative approach, any other avenues that the state
18 might pursue, in giving people ---

19 MRS. BAART: Help?

20 MR. STEIN: Help. So that they can
21 make a choice.

22 MRS. BAART: We have, to a certain
23 extent. We would like to see, for example, the volunteer
24 community more tapped of its resources, because many
25 women available, in society in general, that simply don't
26 know what to do with their time.

27 Now, I could speak specifically for
28 our groups. So often it is heard, when we have a rally
29 or a meeting, when women say, "What can we do?" They
30 don't know where to go to offer their help, and I'm not

1 sure, we didn't put this in because we didn't know
2 whether the state is the agency in this case, to tap
3 the community, or other volunteer agencies should somehow
4 be more effective in reaching these women, that want to
5 help.

1 MR. STEIN: One last question: Is it
2 the position of members of your Church that drug use,
3 any kind of drug use, is unhealthy, or a negative kind
4 of activity? I mean, I am thinking of cigarettes,
5 alcohol, coffee ---

6 MRS. BAART: It is not the position of
7 our Church -- well, we all smoke, and are social drinkers,
8 I guess as you would call it. Anything to excess is out
9 of the question, but we feel that since drugs is not yet
10 at the level of social acceptance and since there is so
11 much trouble with alcoholism, and bad results of smoking
12 because of lung cancer, that at this stage this should
13 not be legalized.

14 MR. CAMPBELL: I take it that one of
15 your principal objections to the use of drugs is that
16 it takes people away from the reality of the here and
17 now, the reality of the society the way it is, and that
18 we should direct energies to prevent people from withdrawing
19 in this sense?

20 MRS. BAART: Yes.

21 MR. CAMPBELL: And yet the society
22 has, has it not, been quite willing to allow large
23 numbers of people to in fact withdraw in the name of
24 religion and that there are a great many people who,
25 for religious motives, simply say, "Look, we do not
26 like your life-style, we do not like the competitive
27 aspect, we do not like the materialism, the
28 they withdraw for a life-style, often a contemplative one,
29 a prayerful one that is to them personally satisfying,
30 and as a society we have been prone to recognize that right.

1 Is there a contradiction here?

2 MRS. BAART: It depends. So often
3 today, at the moment one is religious or convicted, one
4 is a bigotist, and this is, ^{if} /I feel, and this is the
5 feeling of women of the Church in general, that the
6 religion that we practise is right, then these aspects
7 that may seem negative -- as long as they fall under
8 this fulfilment of the commandment of the law, that
9 love is a fulfilment of the law, then this really is
10 not negative, but since we feel that the use of drugs --
11 well, in that it is a withdrawal into personal delusionary
12 effects, is a withdrawal that is not Christian.

13 MR. CAMPBELL: I think what a lot of
14 the people might say, though, is that they albeit are
15 withdrawing from the society, but they are withdrawing
16 very largely in the name of the love ethic. Not speci-
17 fically Christian, not specifically religious at all,
18 and yet surely there is much emphasis on the idea of
19 love in many of the people who are in fact withdrawing.
20 I'm not suggesting anything negative about the position
21 you are taking, quite the contrary. I'm just wondering,
22 should the society afford literally the same privilege
23 to withdraw in the name of love to any young people
24 who find drugs ~~are~~ an interesting aspect of this that
25 we afford to other people who withdraw in the name of
26 love and find religious an interesting part. I'm not
27 ^{have} suggesting you/withdraw, but many people.

28 MRS. BAART: But it is a different
29 kind of withdrawal since the Christian withdraws
30 for different reasons, usually to be there for others,

1 I am not talking about the Monks;
2 to help./ This is a position that is entirely different,
3 but the fact that the Christian in his daily life may
4 to a certain extent take this time to withdraw, but it
5 is in order to mean more for others, as long as love is
6 -- I mean, it has to be a matter of giving. It seems
7 that the love which you connect with drugs is more a
8 matter of receiving, and I know you are afraid of making
9 value judgment and all kinds of things, but -- so there
10 is really so much trouble resulting from people that
11 start taking drugs, which is ---

12 DR. LEHMANN: May I ask one other
13 question? You mentioned at one point, heavy fines.
14 Does this mean that you would be in favour of changing
15 the existing legislation which, of course, provides
16 jail sentences and criminal records, or would you think
17 that in order to enforce the law, which you feel is
18 very important, it might be necessary to retain the
19 present legislation or even to reinforce it further?

20 MRS. BAART: Judge Sherwood was
21 speaking to a group of Scout leaders a while back and
22 he made one point that for him is very important, the
23 heavy sentence which he had given in one case at the
24 beginning -- the situation when it began to become
25 bad in Ottawa -- had done nothing to stop or even to
26 slow down this business of drug trafficking and the
27 same person that had received the severe sentence was
28 back in trouble very soon after he came out of prison,
29 and this is the thing that we seem to have met generally
30 in our observation, that the heavy jail sentence does
very little because it effects only that the -- well,

1 the people that get these heavy sentences are the ones
2 who keep going back into it anyway. But you could
3 probably deter many more people that are doing this
4 thing for kicks if there was a fine similar to a heavy
5 traffic fine or speeding ticket, if this is reasonable.

6 DR. LEHMANN: So you would really, in
7 effect, strongly recommend a change of the law to make
8 it less severe than it is at present, but at the same
9 time put more emphasis on enforcing and controlling?

10 THE PUBLIC: This whole religious bag
11 concerning the love-hate, let's tune in or let's do the
12 Scripture---

13 THE CHAIRMAN: Take the mike please.

14 THE PUBLIC: Anyway, like, no person
15 has the power or the right or anything, to, you know,
16 pocess another one, whether morally or physically in any
17 way. Like, I can't stipulate things to anybody except
18 that I can give. So, I mean, you just can't say, you
19 don't do that or I'll shut you up, you know, that is
20 absurd in Christian ethics, it is never heard of, like,
21 you know, you are not doing Christian things, so I will
22 condemn you. Probably Christian things condemning you,
23 I don't know. But to think that you know the world and
24 youself to a point where you know what the Christian
25 knows, well, it is too much for me; well, I can't figure
26 it out, but I wish everybody had this freedom. As for
27 being together and loving one another, we might end up,
28 you know, quite the opposite, so let's not under the
29 pretention of anything, try and fuck each other up.
30 I think you are suffering from a maternal thing.

1 MRS. BAART: Well, love is so much
2 in connection with people and the Lord Jesus said nobody
3 has greater love than he who lays down his life for his
4 friends.
5 We cannot require for a person to love, but we feel that
6 we have, I don't know, if you have someone that you love
7 so much that you would do things, really things for them
8 then you would expect, this has to be a relationship
9 and it has to be something in return, and you can demand
10 things from people in a love relationship. Now, I'm
11 not saying that the State should love us but their role
12 is one of maintaining the most ideal state possible for
13 citizens to live, and I think using the Christian basis
14 is still very valid.

15 THE PUBLIC: Are you advocating that
16 the State would include loving and ---

17 MRS. BAART: No, what I am saying is
18 the state is not there but the state is there to maintain
19 an ideal as the best possible situation for the citizens
20 to live.

21 THE PUBLIC: Through a Christian ethic,
22 is that right, towards your -- you are suggesting that
23 the State should follow a Christian ethic in determining
24 -- you had better hand me the mike. I am sorry, I just
25 want to clarify this one point. Are you suggesting that
26 the State use a Christian ethic in legislation, in
27 deciding what its people should be doing for the common
28 good, you might say?

29 MRS. BAART: What other ethic is
30 there?

THE PUBLIC: Well, there is the Judean

1 ethic.

2 MRS. BAART: Well, the essence is
3 love, but ---

4 THE PUBLIC: Can you define love, if
5 you can, please.

6 THE PUBLIC: No, but the thing that
7 I was trying to say, I think also was brought up by one
8 of the Commissioners, you know, you are suggesting --
9 correct me if I am wrong -- you are suggesting that love
10 has to be a specific or -- or positive love, and there
11 are certain ethics existing in our society which some
12 people seem to consider as a negative withdrawal thing,
13 but it still involves this love. Now, I am just asking
14 you whether you are proposing that the State use your
15 type of Christian positive love ethic when it is con-
16 sidering legislation.

17 MRS. BAART: Yes, that is what we are
18 here for.

19 One man, who is the director of Youth
20 Alienated, in Hamilton, and has contacts with about 800
21 people, said that most of the people, the young people
22 that he works with cringe when they here the word "love"
23 because they have used it but in such a sense that when
24 they hear it in the environment where they want help,
25 they realize the difference.

26 THE PUBLIC: I would just like to say,
27 one thing that the State today does in fact employ
28 a Christian ethic, God says love/or I will destroy you.
29 The kids who are today on drugs are in fact practicing
30 a positive kind of love. Love for themselves and love

1 for other people not a negative type of love for God.

2 MRS. BAART: Doesn't God say love me,
3 or you destroy yourself?

4 THE PUBLIC: God says love me or I
5 will destroy you, according to the Bible— yes it does.
6 Read your Bible.

7 THE PUBLIC: Since this morning ---

8 THE CHAIRMAN: Speak into the micro-
9 phone please.

10 THE PUBLIC: This morning I was trying
11 to perceive what you, as a committee, was trying to get
12 that or something to base your actions upon; I couldn't
13 see it because of all the arguments from the pharma-
14 cologists. You could take the phenomena from a million
15 points of view, a million disciplines, a million ways
16 to look at all the different sciences of it and the one
17 thing I just perceived that could unite everybody, all
18 the ways of looking at it, all ways of sitting down realizing,
19 "Gee, there is something happening," evolution, man is
20 becoming all the time, man is becoming something right
21 now in this century, and it is no more evident than the
22 eighteenth, well, the first half of the twentieth
23 century, where man is working, establishing something.
24 But now we can see ourselves, and this thing of love,
25 that is the one place, it is a place where everybody
26 can be together and see the same things. Love. And
27 Jesus said, "Love others as you love yourself." And
28 to love yourself, isn't it true that you have to know
29 yourself, and to know yourself you must withdraw
30 necessarily from this antilove society we live in. There

1 is no peace anywhere that we can find except in yourself,
2 so therefore, you have to withdraw to know, to see things
3 in the right perspective, not as you are defined by
4 psychologists or pharmacologists, or biologists, or
5 priests, by preachers, but as you are yourself totally,
6 spontaneously. Praying -- and what you are saying,
7 that is what-- I find hard to -- hard to see how you
8 can see it that way. What you are saying is, praying
9 is a criminal offence.

10 MRS. BAART: What is that?

11 THE PUBLIC: That is what I understood,
12 I don't know. I am asking you. Praying is withdrawal
13 and another thing also, it is not a criminal offence if
14 you believe in God, but that is, you know, what is
15 happening today, God, what is that belief? If you
16 believe in God, you are withdrawing and you are uniting,
17 but then if you believe in man, praying is criminal on
18 the basis of what you are saying.

19 MRS. BAART: I was, I thought, em-
20 phasizing love that was unselfish and the withdrawal
21 for selfish reasons, just for only finding self-ful-
22 filment is -- was what we were speaking against. But
23 withdrawal, if it is a form of withdrawal, in prayer
24 is something you feed on and grow on and are able to
25 work with.

26 THE PUBLIC: Who are you to say that
27 today's youth's withdrawal is not precisely that?

28 THE PUBLIC: Have you ever smoked?

29 MRS. BAART: I have smoked cigarettes.

30 THE PUBLIC: I mean grass.

MRS. BAART: No.

1 THE PUBLIC: How can you make a judgment
2 on it?

3 THE PUBLIC: How can you make a judgment
4 on that type of withdrawal?

5 THE PUBLIC: That is besides the point.

6 THE PUBLIC: Yes, but what she is
7 saying---

8 THE PUBLIC: How do we know what is
9 going on in another person's head?

10 THE PUBLIC: She is making a moral
11 judgment on your withdrawal.

12 THE PUBLIC: No, she is making a moral
13 judgment not on my withdrawal but on withdrawal itself
14 whether it be through prayer or exercise, physical
15 exercise, or scholarly study.

16 MRS. BAART: May I say that I am not
17 making a judgment on anyone, I am not making a judgment
18 on you if you smoke or whatever you do, I really don't
19 mean to ---

20 THE PUBLIC: You are advocating ---

21 MRS. BAART: I am advocating that it
22 is probably healthier if we don't use that kind of
23 withdrawal.

24 THE PUBLIC: But you are making a
25 judgment. Like it seems to me that in all you said,
26 it's an unfortunate thing that you chose to relate
27 this to what is being called the Christian ethic,
28 because by doing so, I think, you apparently ignored
29 anyway, everything else. Like, I can sit down and reel
30 off a stream of things like Buddhism and what not. The

1 Christian ethic, supposedly guarantees the freedom of
2 the individual, and as this is the ethic that is supported
3 by this state, in particular, why should it dictate the
4 specific form of withdrawal?

5 THE PUBLIC: The question is, it does
6 dictate.

7 THE PUBLIC: Right. And the whole
8 point is, that what you said now, seems to indicate to
9 me that, I guess it is fairly obvious if you believe
10 withdrawal obtained through drugs is artificial, as when
11 obtained through prayer, and yet I think that because
12 you have never yourself experimented with these drugs,
13 you have no basis to make that judgment. You cannot say
14 for yourself that this withdrawal obtained through drugs
15 is any less real than the withdrawal obtained through
16 prayer to God, and God as called as Christian, or God
17 as called as a Buddhist, or what not.

18 THE PUBLIC: What do you think of the
19 fable that Jesus Christ used drugs?

20 MRS. BAART: That Jesus Christ used
21 drugs?

22 THE PUBLIC: There is very reliable
23 information that he did. •

24 MRS. BAART: I am not sure' at all --
25 I don't know anything about that, but I was thinking
26 about the word, "withdrawal". Perhaps it might be a
27 wrong word in talking about drugs. I think it is not
28 the right kind of word in talking about prayer, and,
29 you know, I know more about that than about drugs,
30 because it is like taking time off for a meal or taking

1 | time off to be refreshed. and. If that is what the drug
2 | experience really is ---

3 | THE PUBLIC: Well, you see you could
4 | equate the whole thing to a basic selfishness. The
5 | whole thing of taking drugs and giving yourself pleasur-
6 | able sensations by withdrawal is no more selfish than
7 | withdrawing through prayer because Christianity says
8 | love one another. If the individual sits down and with-
9 | draws through prayer, is he not trying to make himself
10 | more secure by praying to God who is going to guarantee
11 | that other people are going to sit and pray and love
12 | him and not stab him in the back when he walks out into
13 | the street?

14 | MRS. BAART: Well, it depends how
15 | you pray, but the prayer is not in order to be -- in
16 | order to have pleasurable sensations in a sense, even
17 | though it can be at times, a pleasant experience. But
18 | the prayer is in order to grow into this ability to
19 | love your fellow man, I mean, God has no use for people
20 | that only love Him. I mean, you read in the same Bible --
21 | I think it is St. James who says, if you say to a
22 | brother -- if you say you love God and say to a brother,
23 | "Go and be warmed and fed" but you don't give him any-
24 | thing, your love to God is of no use. I mean, we are
25 | talking about prayer and loving God. Without loving
26 | each other is not a Christian thing. It simply isn't
27 | Christian.

28 | THE PUBLIC: The point of fact then,
29 | Madam, we believe the same thing, then why let a small
30 | thing like a joint of marijuana come between us?

1 MRS. BAART: Is it a small thing?

2 THE PUBLIC: Yes.

3 MRS. BAART: Is the effect of it
4 really small? Maybe in the lives of most of you that
5 take it, but over the age of twenty-five there are very
6 few users. Most users are between -- isn't it fifteen
7 and twenty-three?

8 THE PUBLIC: No, you would be surprised
9 how many people--- the civil service is infested with it.

10 MRS. BAART: Therefore, for those who
11 do not go on to more serious things and really become
12 physically harmed, it may be a small thing.

13 THE PUBLIC: What my friend here is
14 saying is, if he sees you as I see you now, and you are
15 a woman, you are, you know, and I would like to love you,
16 just realize that you are -- in myself realize that
17 you are, be richly it.

18 MRS. BAART: Yes, love like that, yes.

19 THE PUBLIC: Even you are withdrawn
20 because I have a joint.

21 MRS. BAART: I am here because I am
22 interested in you in this sense, not because I am with-
23 drawing from anything. Well, I'm sorry ---

24 DR. LEHMANN: Mrs. Baart, since love is the
25 essential principle in Christian ethics that you think
26 should be the principle in our moral attitude, and there
27 seems to be so much aggression in the world today and
28 so much hatred. You also pointed out that there is a
29 difference between the self-directed receiving love and
30 the other directed giving love, which is a better one,

1 Christian one, yet one may have to go in stages from
2 the hatred and aggression and hostility toward the ideal
3 love, and perhaps it would have to go through the less
4 valuable love. Now, since the drugs seem to -- it is
5 always claimed to, that they render people less aggressive.
6 Perhaps it is a kind of self-centred love, and not the
7 altruistic love, the ideal one, but it may be the first
8 step towards the more perfect love. Would you consider
9 this as a possible therapeutic interim measure, or would
10 you say no, one should go for the whole thing and through
11 education or whatever other means. What other means
12 would you recommend for changing our present ethics?

13 MRS. BAART: Personally, I am all for
14 experimenting. For the group I am speaking, I would say
15 -- we would have to say we would want to go through not
16 this intermediate way of using drugs to render people
17 less aggressive. I really would think -- I would, you
18 know, personally not like it either, although -- if
19 something is really not harmful, I am not opposed, it's
20 not that sort of thing, but I think so much is at stake.
21 We probably have to be more careful than -- to say --
22 "Let's try and see if drugs will make us love more." I
23 think it really wouldn't work because unless a person
24 really wants to work at this sort of thing, it will not
25 even be meaningful unless a person really wants to love
26 in a way that Christ taught us to love. It doesn't work,
27 and I think if you take the way out through -- by means
28 of using drugs, you are not really that willing to work
29 at it, but this is my opinion.

30 THE PUBLIC: May I say something? I

1 think all you people up there are in error when you
2 say that love and violence and different things are the
3 effect of the drug, rather than what was inside the
4 person before he started taking the drug. Like, all
5 the things are there and even the drug doesn't bring
6 it out and there is no such thing as cause and effect.
7 Drugs don't cause anything and drugs aren't the effect
8 of anything.

9 THE PUBLIC: I am sure none of us here
10 that use drugs -- I'm sure not one person here who uses
11 drugs would stand up and say, since he has been using
12 drugs it is any easier to love than it was before.

13 THE PUBLIC: I think he is a better
14 man.

15 THE PUBLIC: It is just as hard and
16 you have to work at it just as much.

17 MRS. BAART: By the same token, I
18 would say that because I profess to be a Christian, I
19 say I don't find it any easier to love. I mean this is
20 something that remains to be worked on, but you have to
21 be willing to work on it.

22 THE PUBLIC: Fine, I agree with that.

23 THE PUBLIC: So don't work it on
24 another -- work it on itself, you know, the main trick
25 is self discovery, you have to know yourself, you know,
26 and you can't do it in ten years, you can't do it in ---

27 MRS. BAART: What do you discover?

28 THE PUBLIC: Like what, you know,
29 that is the whole trick.

30 THE PUBLIC: I am interested in

1 Dr. Lehmann's remark to some extent when he says, perhaps
2 drugs -- where you might try and experiment using drugs
3 to make you less aggressive. Would this not, also,
4 Dr. Lehmann, encourage people to depend -- a dependence
5 on drugs and on escape reactions where they wouldn't
6 interact in other ways with their environment?

7 DR. LEHMANN: I was not recommending
8 it. I was simply asking if one centres on love as the
9 main-- well, the main thing to be achieved, then this
10 may be one way to be considered. At least there is --
11 what I wanted to point out, it may not all be bad in
12 this sense. Whether it is the final and best remedy,
13 it remains to be seen, or, certainly I didn't recommend
14 it and I don't think so, and I do agree that this danger
15 very definitely exists, that one may withdraw and there-
16 fore lose one's necessary constructive drive.

17 THE PUBLIC: Insane asylums are full
18 of people who wanted to escape, but didn't know how,
19 do you understand that?

20 DR. LEHMANN: No. I'm sorry, I didn't hear y

21 THE PUBLIC: I said insane asylums are
22 full of people who wanted to escape the society and
23 didn't know how.

24 DR. LEHMANN: Insane asylums. Well,
25 I don't know how -- I don't think this is quite relevant.

26 THE PUBLIC: This is quite relevant.

27 DR. LEHMANN: These are sick people.

28 THE PUBLIC: They weren't sick when
29 they were born and they weren't sick for how many years
30 before that?

1 DR. LEHMANN: Anyone who is sick, even
2 if he has a toothache, wants to withdraw, and anyone
3 who is sick -- and no one is born sick, or most people
4 aren't, and so that people who are in hospitals that
5 want to withdraw, I don't think ---

6 THE PUBLIC: You are saying that
7 anyone who wants to withdraw from the society is sick?

8 DR. LEHMANN: No, not everyone.

9 THE PUBLIC: You are saying because
10 if -- you are sick if you don't want to withdraw.

11 THE PUBLIC: The main process of our
12 civilization is the destruction, you know ---

13 DR. LEHMANN: Let me make that clear.
14 Everyone who is sick wants to withdraw, but not everyone
15 who wants to withdraw is sick.

16 THE CHAIRMAN: I wonder if we want to
17 withdraw at this moment, and have an adjournment until
18 tomorrow at the same place, at nine o'clock.

19 THE PUBLIC: One thing is, that what
20 you as a Commission are trying to get at is the discover-
21 ing of this -- what is happening, the spiritual thing,
22 that the legalities and the laws, government, drugs and not
23 drugs, the use and non-use of them is not important,
24 but you have to see how this -- through what has happened,
25 the spiritual --

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1 I think I feel a spiritual revival
2 but you know, I can't compare it -- I just feel it, that's it'
3 an', maybe, you know, it's a condition.

4 THE CHAIRMAN: Thank you.

5 PROFESSOR BERTRAND: May I ask a
6 question to this gentleman. Do you speak French?

7 THE PUBLIC: No.

8 PROFESSOR BERTRAND: I will try to
9 speak English then.

10 If I understood you correctly, you
11 said that you thought that the persons on the Commission
12 and the witnesses this afternoon, you are saying that
13 some way they thought that through drugs they could
14 achieve love, am I right, and that they were wrong. Am
15 I right saying that?

16 THE PUBLIC: I'm not saying that they
17 thought -- I am saying that they thought that that is
18 what we think.

19 PROFESSOR BERTRAND: Yes, this is
20 what I am saying, exactly. I am sorry, I missed one
21 "think". All right. But may I ask you why you say that.
22 What makes you feel that we think that of you?

23 THE PUBLIC: By what you said, I don't
24 know, has anybody out there ever smoked, or dropped acid,
25 or anything like that?

26 PROFESSOR BERTRAND: Yes.

27 THE PUBLIC: I will let you make
28 judgment on me, but not anyone who hasn't, because they
29 don't know, if a person hasn't dropped acid, or smoked,
30 they don't understand.

1 PROFESSOR BERTRAND: Yes, we have
2 been told that before.

3 THE PUBLIC: Probably a thousand
4 times.

5 PROFESSOR BERTRAND: And we can
6 accept that, but the point was the following:

7 Do you really think that we would
8 consider you as saying the only way to achieve love, or
9 human understanding, or closeness, is drugs, because if
10 you think that we say that, I think you are wrong.

11 THE PUBLIC: No, they said that. I am
12 saying, I made the point very clear, I thought I made it
13 clear, that drugs are out of the realm of cause and
14 effect. Drugs are a small part of the "why", the whole
15 situation, the spiritual upheaval, if you like.

16 Everybody does, not everybody, but
17 the young people especially, are searching for some ideal
18 to hold on to, God is gone; the institution is gone; bur-
19 eaucracy is gone; what can you hold on to. And it is
20 not drugs. I think most kids say you can't hold on to
21 drugs.

22 THE CHAIRMAN: Well that is the
23 significance of the drugs in this pursuit, this course,
24 what is the necessity?

25 THE PUBLIC: To me, it is just another
26 phase of experimentation.

27 THE CHAIRMAN: Is it totally unrelated-
28 ed to this quest for meaning?

29 THE PUBLIC: No, it is not unrelated,
30 but I think we are making much too big a thing of it.

1 It is only a minor aspect of the
2 whole question.

3 THE CHAIRMAN: Is it temporary?

4 THE PUBLIC: Hardly. They have been
5 using drugs since the beginning of time.

6 THE PUBLIC: The whole aspect of
7 civilization was based on the/they have great statues in
8 front of their temples that were just discovered. Like,
9 I am stoned on acid right now, and I'm not freaking out.

10 THE PUBLIC: My friend has said --
11 I think that those who were there this morning, those
12 that are here this afternoon, I speak for everybody, that
13 you as a Commission, if at the beginning we had some
14 doubts, they are trying to justify the government -- I think we
15 lost that, and there is a certain confidence in you, but
16 like I said again, that drugs, just the fact that
17 marijuana is not big enough to get a Commission, say,
18 going across Canada to study it.

19 You are a spiritual group, there,
20 looking upon our generation, or the generations, mixture.

21 THE PUBLIC: You sort of asked the
22 questions.

23 THE PUBLIC: I know in the States,
24 that marijuana was first made illegal, because it was
25 thought that a person under the effects of marijuana
26 is a violent person, and you people up there say it is
27 not violent, it is in fact, passivic, so therefore, there
28 is your whole basis for making it legal in the first
29 place.

30 THE CHAIRMAN: Well, I guess we should

1 adjourn until 9:00 in the morning. Thank you very much.

2 --- Upon adjourning at 4:30 P.M.

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